

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21752
Do not use this space.

REC'D JUL 11 1939

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 3609
 (c) City Cape Girardeau (d) Street No. 1229a North Main St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Girl of Mr. & Mrs. Guy Swain
 (a) Residence, No. 1229a North Main St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1939				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	0	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.				
FATHER	13. NAME Guy Swain			
	14. BIRTHPLACE (CITY OR TOWN) Morley, (STATE OR COUNTRY) Mo.			
MOTHER	15. MAIDEN NAME Laura Propst			
	16. BIRTHPLACE (CITY OR TOWN) Bollinger County (STATE OR COUNTRY) Mo.			
17. INFORMANT Guy Swain (ADDRESS) Cape Girardeau, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE June 16, 1939				
19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau, Mo.				
20. FILED 6-16-39 J. M. Thompson Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939	
22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1939 , to 6-16, 1939	
I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at 1:30 P.M.	
The principal cause of death and related causes of importance were as follows: Stillborn	
Other contributory causes of importance:	
Name of operation None	Date of
What test confirmed diagnosis? None	Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? No	
If so, specify	
(Signed) Frank W. Hall, M. D.
(Address) Cape Girardeau	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16
14

50M-9-1-1938 I X16005

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.