

REC'D SEP 21 1939

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

29805  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Newton Registration District No. 608  
 (b) Township Stella Franklin Primary Registration District No. 6807 Registered No. 24  
 (c) City Stella (d) Street No. \_\_\_\_\_ (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 Anna Elizabeth Sweany  
 (a) Residence, No. West of Pierce City Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8/18/39</u> , 19	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXXXXX</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>8/17/39</u> , 19, to <u>8/18/39</u> , 19. I last saw <u>her</u> alive on <u>8/18/39</u> , 19. Death is said to have occurred on the date stated above, at <u>3 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Strangulated Intestine</u> <u>12 1/2</u> <u>44444</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 1919</u>					Date of onset	
7. AGE YEARS <u>20</u>	MONTHS <u>2</u>	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House work and</u>					
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Practical nurse</u>					
	10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Towner Colo.</u>					Other contributory causes of importance: _____	
FATHER	13. NAME <u>Clyde Sweany</u>				Name of operation <u>Exploratory</u> Date of <u>8/19/39</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pattonburg Mo.</u>				What test confirmed diagnosis? <u>operation</u> Was there an autopsy? _____	
MOTHER	15. MAIDEN NAME <u>Minnie Francis Groomer Boise Idaho</u>				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. _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____				Manner of injury _____ Nature of injury _____	
17. INFORMANT (ADDRESS) <u>Mrs. Clyde Sweany Pierce City Mo.</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Chas Cardwell</u> , M. D. (Address) <u>Stella Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clear Creek Cem</u> DATE <u>8/20/39</u> , 19____						
19. FUNERAL DIRECTOR (ADDRESS) <u>Victor O. Niemeyer Pierce City Mo.</u>						
20. FILED <u>Aug 19 1939 Ada Collings</u> Local Registrar.						

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Victor O. Niemeyer, Licensed Embalmer No. 3822

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Victor O. Niemeyer  
Licensed Embalmer No. 3822

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