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

FILED OCT 19 1939

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

32312
Do not use this space.

1. PLACE OF DEATH
(a) County Douglas 2 Registration District No. 281
(b) Township Spencer Primary Registration District No. 6256 Registered No.
(c) City Bruner, MO (d) Street No. 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 74 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sam Swearengin
(a) Residence, No. Bruner, MO. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Mary Swearengin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1865

7. AGE YEARS 74 MONTHS 11 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer &
9. Industry or business in which work was done, as saw mill, bank, etc. Stockman
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) Douglas County MO

FATHER
13. NAME Andy Swearengin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Jane Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Mary Swearengin Bruner, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chappel DATE Sept. 3 - 1939

19. FUNERAL DIRECTOR (ADDRESS) B. G. Kleeper Gark, MO.

20. FILED 10 - 9 1939 G. D. Hale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug - 26, 1939, to Aug - 27, 1939
I last saw him alive on August - 27, 1939. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Interstitial Nephritis	

Other contributory causes of importance:
Fracture of Fourth Cervical Vertebrae
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Phy. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, Aug 26, 1939
Where did injury occur? Automobile accident, Christian County (Specify city or town, county, and State) mo.
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury
Nature of injury Fracture of Cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) Dr. Warren W. Wilson, M.D.
(Address) Sparta, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1039-2101
Date Filed OCT 1 3 1939

210m
90

STATEMENT BY LICENSED EMBALMER

I, B. C. Klepper, Licensed Embalmer No. 2178

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

L. E.

No. 2178 or by Forest Klepper, Registered Apprentice No. 143

working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

32312 X
Do not use this space.

1. PLACE OF DEATH
(a) County Douglas — Registration District No. 281
(b) Township Spencer — Primary Registration District No. 6256 — Registered No.
(c) City — (d) Street No. — 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 Sam Swearingin
(a) Residence, No. — 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 74 MONTHS 11 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED — 19 — *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1939
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
acute Interstitial nephritis — Date of onset
210 N
Other contributory causes of importance:
Fracture of fourth cervical Vertebra
Chr. - nephritis
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?
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 Auto accident
Nature of injury non collision
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Warren W. Wilson, M. D.
(Address) Sparta Mo

SUPPLEMENTARY

N. B.—Every item of information should be ... and EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that ... property classified ... the statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

32312
Do not use this space.

1. PLACE OF DEATH
(a) County: Douglas — Registration District No.: 281
(b) Township: Spencer — Primary Registration District No.: 6256 — Registered No.:
(c) City: — (d) Street No.: , 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: Sam Swearengen
(a) Residence, No.: 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
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) (STATE OR COUNTRY):

FATHER
13. NAME:
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: , 19

19. FUNERAL DIRECTOR (ADDRESS):

20. FILED 10-9, 1939 L. D. Hale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19.. I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify:
(Signed) Warren W. Wilson, M. D.
(Address) Ozark, Mo.

SUPPLEMENTARY

N.B.—Every item of information should be carefully supplied. A DEATH 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.

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