

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

40438
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 651
 (b) Township 1 Primary Registration District No. H 288
 (c) City or Caruthersville (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 114

2. PRINT FULL NAME 130 Alean Swift

(a) Residence, No. _____ 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 0

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) Caruthersville, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME James Swift

14. BIRTHPLACE (CITY OR TOWN) Pemiscot, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hettie Mae Balkum

16. BIRTHPLACE (CITY OR TOWN) Pemiscot, Mo.
 (STATE OR COUNTRY)

17. INFORMANT (NAME) James Swift
 (ADDRESS) Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. DATE Nov. 29, 1939

19. FUNERAL DIRECTOR (NAME) La Forge Undert. Co.
 (ADDRESS) Caruthersville, Mo.

20. FILED Nov. 30, 1939 Aida Martin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset _____

Other contributory causes of importance: undetermined

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 SWP (Shipper) Health Dept.
 (Signed) SWP (Shipper) Health Dept.
 (Address) Caruthersville, Mo.

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.

RECEIVED
District Health Officer No. 3,

FILE NO. 1239-71
12/9/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.