1940 JAN 8

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

43229
Do not use this space.

**1. PLACE OF DEATH**

(a) County: DeKalb 2 — Registration District No.: 2-9

(b) Township: Camden 1 — Primary Registration District No.: 4158 — Registered No.:

(c) City: Maysville — (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** 652 Charity Bruce Swearingen

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ~~Married~~ Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John L. Swearingen ~~Married~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20 1858

7. AGE: Years 80 — Months 11 — Days 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Lincoln Co. Ken.

FATHER

13. NAME: Nelson Word
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co Mo. 1 0

MOTHER

15. MAIDEN NAME: Margaret Birch 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ken.

17. INFORMANT (ADDRESS): Josie Swearingen Maysville Mo.

18. BURIAL, CREMATION, OR REMOVAL: Maysville Cem. DATE 12/12-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): U.G. Pilcher Maysville Mo.

20. FILED 12-12, 1939 E. Bower Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1939, to 12-10, 1939. I last saw h. on alive on 12-10, 1939. Death is said to have occurred on the date stated above, at 8:10 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | 12-10-39 |
| Hypostatic pneumonia | 12-10-39 |
| Coronary sclerosis | undet. |
| 944 | |

Other contributory causes of importance:

| | |
|---|---|
| Femoral and arteriosclerosis with hypertension | undet. |

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? no

If so, specify:

(Signed) John M. Cooper, M. D.

(Address) Maysville, Mo.

Licensed Embalmer's Statement on Reverse Side)

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 FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11-3 [illegible]

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO [illegible]
DATE_____

[illegible]

## 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, .....

[illegible] ....., or by .....

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

Signed [illegible]

Licensed Embalmer No. 3960

P. O. Address Maysville Me[illegible]

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

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