

JAN 16 1940

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

44033
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 552
(b) Township Warren Primary Registration District No. 5745
(c) City _____ (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 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 15

2. PRINT FULL NAME

Sarah Ehen Swiger
(a) Residence, No. Rural 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-9th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) West Ely
(STATE OR COUNTRY) Marion Co Mo.

FATHER 13. NAME Daniel K. Schluckebier

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Dora Gunther

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

17. INFORMANT Mrs F. A. Masterson
(ADDRESS) Palmyra, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Warren Cemetery DATE Dec 21 1939
Marion Co Mo.

19. FUNERAL DIRECTOR (NAME) Wilson & Son
(ADDRESS) Monroe City Mo

20. FILED 12/20 1939 Mrs Alta V. Wagner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1939 to Dec. 19 1939
I last saw her alive on Dec. 18 1939. Death is said to have occurred on the date stated above, at 1:35 A.M.
The principal cause of death and related causes of importance were as follows:

Shock following acute Intestinal Obstruction Date of onset DEC 17-39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Harold F. Ellis, D.O.
(Address) Monroe City

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
20M-9-19-38
I X16605

122 h

closed 4/40
Rw

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo.

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.