

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

44428
Do not use this space.

JAN 12 1940

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township Richmond Mo. Primary Registration District No. 3035
 (c) City Richmond 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Brenda Ann Swofford
 (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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Richmond (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Virgil H. Swofford
 14. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Evelyn E. Bartlett
 16. BIRTHPLACE (CITY OR TOWN) Norborne (STATE OR COUNTRY) Mo.
 17. INFORMANT Virgil H. Swofford (ADDRESS) Richmond Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Todds Chapel DATE Dec. 25, 1939
 19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond, Mo.
 20. FILED Jan 1 19 40 maled jackson Depl 1 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1939 19
 22. I HEREBY CERTIFY, That I attended deceased from 12-24-39, 1939, to 12-24-39, 19____
 I last saw her alive on 12-24-39, 19____. Death is said to have occurred on the date stated above, at 12.30 P.M.
 The principal cause of death and related causes of importance were as follows:
Asphyxiation
 Date of onset 12/12
 Other contributory causes of importance:
Premature separation of placenta on walk
 Name of operation _____ Date of _____
 What test confirmed diagnosis? ps. 4 Was there an autopsy? Yes
 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) W. H. Swofford M. D.
 (Address) Richmond 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. 8,
District File Number 111140
Date Filed

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.