DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11508

Registration District No. 1039 Primary Registration District No. 5010 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Adair

(b) ~~City or town~~ Rural Morrow Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Novingerm Missouri R.F.D. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Morrow Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Benjiman Francis Swisher

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lizzibith Swisher 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased February (Month) 6 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
70	11		____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Francis Marion Swisher
13. Birthplace ____ (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Amanda Donnely
15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Frank Swisher
(b) Address Novinger Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Castle

18. (a) Signature of funeral director Glenn E. Kent
(b) Address Green City, Mo

19. (a) 1-10-40 (Date received local registrar) (b) Spencer L. Meeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1940 hour about 10 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Dead on my arrival, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to 94B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	PHYSICIAN
Of autopsy ✓	Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature C. D. Davis, D.O., coroner (M. D. or other)
Address Kirksville, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 2-40-417
Date Filed FEB 13 1940

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.