Dr. Hall

FILED FEB 13 1940

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

2398
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township or (c) City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 67
(d) Street No. Burge Hosp. 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 Mrs. Lida Swanson
(a) Residence, No. 325 Hovey 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.D. Swanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1872

7. AGE: Years 67 | Months 7 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri

FATHER
13. NAME Ranson Crithfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Daniel Penny
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss Junia Swanson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morrisville, Mo. DATE Jan. 23, 1940

19. FUNERAL DIRECTOR (NAME) H.H. Lonmeyer
(ADDRESS) Springfield, Mo.

20. FILED 1/23, 1940 Chas. A. Hung M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1938, to 1/21, 1940
I last saw her alive on 1/21/40, 1940. Death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

Cholecystitis & Cholelithiasis — Date of onset ?

Other contributory causes of importance:
Acute Coronary Occlusion 1/19/40
Terminal Hypostatic Pneumonia 1/20/40

Name of operation Cholecystectomy Date of 1/13/40
What test confirmed diagnosis? Lab. X-ray 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) Howard B. Hall, M.D.
(Address) 500 Holland Bldg. Springfield, 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.

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. 2457

P. O. Address.....

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

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