

FILED JUL 15 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22527**  
Registrar's No. **208**

Registration District No. **668** Primary Registration District No. **5894**

1. PLACE OF DEATH:  
(a) County **Pettis**  
(b) City or town **Sedalia, Mo. Rural Route**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
In this community **2**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Rural - 4**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **North of Sedalia**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **John Wesley Swope 100**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Amelia Swope** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **October 20, 1858**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **7** Days **16** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Pettis County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer - Merchant**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Hiram Swope**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Greer**  
15. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Betty Runge**  
(b) Address **Route 4, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **6/8/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mount Heerman, Pettis**

18. (a) Signature of informant **Dwaine Runge**  
(b) Address **Sedalia, Mo.**

19. (a) **6-8-40** (b) **Mrs. Harry Sneed**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6** year **1940** hour **6** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Feb 7 at** 19 **4** to **June 6**, 19 **40** that I last saw him **live on** **June 6**, 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death **Purpura of stomach from 1 year Obstructed findings**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. J. Bishop** (M. D. or other) \_\_\_\_\_  
Address **Sedalia** Date signed **6/8/40**

Duration  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bishop

*etc.*  
*+*  
*and*  
*of*

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 7-11-40

**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     *Duane Gummy*    

Licensed Embalmer No.     *38407*    

P. O. Address     *Sedalia, 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.