No. 2
-4-13-40
5-17-39
PI X23159

9
3
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25394

Registration District No. 406

Primary Registration District No. 4240

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carl Junction
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Life
years, months or days) 130

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 221 Summit
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Jeanette Swift

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Swift

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec (Month) 26 (Day) 1876 (Year)

8. AGE: Years 63 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John P. Strickland
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Christa A Troff
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant George Swift
(b) Address Carl Junction

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Webb Ch Ind Co
(b) Address Webb City Mo.

19. (a) July 7 (Date received local registrar) (b) Roy Elmadt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 3-12-40
, 19 , to 7-3 , 1940;
that I last saw her alive on July 3 , 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of fundus of uterus c̄ metastasis to liver and lungs	4 years
Due to	4 months
Due to 48	
Other conditions Anemia, debility (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations
Of autopsy None

PHYSICIAN
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?
950 (Specify type of place)
While at work? (e) Means of injury

23. Signature C W Meinershagen (M. D. ~~[illegible]~~) 1
Address 115 N. Madison Date signed 7-8-40

(Licensed Embalmer's Statement on Reverse Side)

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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Weff City, Mo

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

If this body is not embalmed, fact should be so stated above.