

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42333

State File No.

JAN 25 1941

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Davies

(b) City or town Gallatin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community life
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies

(c) City or town GALLATIN MO.
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Mable L. Schwyhart

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-05-8413

20. DATE OF DEATH: Month Dec day 7
year 1940 hour 12 minute 15 P M.

4. Sex fe. 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from May, 1940 to Dec. 7, 1940
that I last saw her alive on Dec. 1, 1940
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb 18, 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death _____ Duration 6 mo.

Due to Carcinoma Breast 1 mo.

Due to Metastasis to Liver + Brain

9. Birthplace Davies Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation waitress

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Carcinoma Breast 50

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Claude Schwyhart

13. Birthplace Davies Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Shriver

15. Birthplace Davies Co. Mo.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Claude Schwyhart
(b) Address Gallatin Mo.

17. (a) burial (b) Date thereof Dec. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Civil Bend Cem.

18. (a) Signature of funeral director C. M. Jinner

(b) Address _____

19. (a) 12-3-40 (b) H. H. Hoyle
(Date received local registrar) (Registrar's signature)

23. Signature Floyd C. Melady (M. D. or other) 3

Address Davies Mo Date signed 12-3-40

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. ~~3453~~

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3453

P. O. Address Location No.

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.