

No. 2
-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10290

Registration District No. 728

Primary Registration District No. 5176B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Star Route
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 years *(Specify whether years, months or days)*

In this community 73 years *(Specify whether years, months or days)*

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Oak Ridge *(If outside city or town limits, write "RURAL")*

(d) Street No. Star Route *(If rural, give location)*

(e) Citizen of foreign country? ----- *(Yes or No)*
If yes, name country 0

3. (a) PRINT FULL NAME Marcus Isiah Swan

3. (b) If veteran, ----- name war -----

3. (c) Social Security No. -----

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

6. (b) Name of husband or wife Minnie Swan 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. 15, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Oak Ridge, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -----

12. Name Emanuel Swan

13. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name America Harris

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Swan (wife)

(b) Address Oak Ridge

17. (a) Burial (b) Date thereof April 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge, Missouri

18. (a) Signature of funeral director F. J. Sparker

(b) Address Cape Girardeau, Mo.

19. (a) Apr-8-1941 (b) Laura V. Guse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1941 hour 10:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 31 1940 to April 31 1941;
that I last saw him alive on March 31 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death mitral Regurgitation Duration _____

Due to _____

Due to 94 W

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

Major findings: Of operations _____

Of autopsy _____

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? 1 2 3

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. D. Blaylock (M. D. or other) MD

Address Oak Ridge Mo Date signed 4-8-41

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

MOTHER FATHER

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 *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau 7*

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, fact should be so stated above.