

No. 2
-10-55
17-55
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11420

APR 7 1941

State File No. _____

Registration District No. 566

Primary Registration District No. 576

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Deventer Twp, WAPPA, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COMMUNITY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 YEARS / (Specify whether)
years, months or days

8. (a) PRINT FULL NAME CARRIE SWOPE

8. (b) If veteran, name war X X X X 3. (c) Social Security No. X X X

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY SWOPE 6. (c) Age of husband or wife if alive 65 years
1896

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 45 Months _____ Days _____ If less than one day
hr. min.

9. Birthplace NOT KNOWN ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business AT HOME

12. Name NOT KNOWN

13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN 9 NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY SWOPE

(b) Address DEVENTER, MO

17. (a) BURIAL (b) Date thereof 3-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON

18. (a) Signature of funeral director Fair - Numerus Service
(b) Address Charleston Mo.

19. (a) 3-30-41 (b) J. D. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Deventer
(If outside city or town limits, write "RURAL")
(d) Street No. COMMUNITY
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 29 d
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from No Physician, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Over weight as this person is very large.
Due to _____

Other conditions (include pregnancy within 3 months of death) 9 1/2 W

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? 115
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Graves Shelby (M. D. or other) Coroner
Address East Prairie, Mo. Date signed 3/30/41

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

RECEIVED

District Health Officer No.

District File Number 441-5

Date Filed 4/4/41

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, and

E. E. Nummel # 4164 Mo. Registered ~~Apprentice~~ No.
working under my personal supervision.

Signed J. P. Nummel Jr.

Licensed Embalmer No. 3857

P. O. Address Charleston, Va.

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.