

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14559

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 333

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Weeks  
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GREENE  
(c) City or town Roby (If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1941 hour 7 minute 50 a. M.  
21. I hereby certify that I attended the deceased from Mar 10  
1941, to Apr 18, 1941;  
that I last saw him alive on Apr 17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism following suprapubic prostatic enucleation - Benign  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Yes 4/18/41

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

3. (a) PRINT FULL NAME Asa D. Swetnam

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

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

6. (b) Name of husband or wife Nellie Swetnam 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan 18 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name Albert S. Swetnam

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

14. Maiden name Mary Davis

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

16. (a) Informant Earl Swetnam

(b) Address Puxico, Missouri

17. (a) Burial (b) Date thereof April 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roby, Missouri

18. (a) Signature of funeral director F.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-18-41 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature W. E. Handley MD (M. D. or other) \_\_\_\_\_  
Address Hillman St. Roby Date signed \_\_\_\_\_

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

9  
2  
b

**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 *Walter E. Hamelton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 9*

**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.**