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7-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15399
State File No. _____
Registrar's No. _____

Registration District No. 655 Primary Registration District No. 4392

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steele
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Pemiscot
(c) City or town Steele
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Luchen, Bob Swims
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 7
year 1941 hour 4 minute 30 A.M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 3 1923
(Month) (Day) (Year)

21. I hereby certify that I attended or received patient 19 dead on April 7, 1941; that I last saw him alive on April 7, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
17 9 4 hr. min.

Immediate cause of death
Measles & Bronchopneumonia 7 da.

9. Birthplace Steele Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Day Laborer
11. Industry or business Farm Laborer
12. Name Arthur Swims
13. Birthplace Newburn Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Turner
15. Birthplace Wardell Mo
(City, town, or county) (State or foreign country)

Due to _____
Due to 3/20
Other conditions ✓
(Include pregnancy within 3 months of death)

16. (a) Informant Huston Swims
(b) Address Steele, mo
17. (a) Burial (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt. Zion
18. (a) Signature of funeral director German Trust. Co.
(b) Address Steele
19. (a) 5/6-41 (b) L. J. Dickinson
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations ✓
Of autopsy ✓

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

MOTHER FATHER

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? 507 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
507 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. L. Taylor (M. D. or other) Emd
Address Steele Mo Date signed 4-10-41

5-41-33

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address State, Mo

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.