No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18084

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 83

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: CARTHAGE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCUNE BROOKS O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: TWO DAYS (Specify whether years, months or days)
In this community: 10 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: R#2 CARTHAGE
(If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Swindell
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~: MARRIED
6. (b) Name of husband or wife: BEATRICE
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: June (Month) 13 (Day) 1897 (Year)

8. AGE: Years 43 Months 10 Days 29 If less than one day — hr. — min.

9. Birthplace: Calhoun Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: None
FATHER
12. Name: Hiram Swindell
13. Birthplace: Henry Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Missouri Ann Henderson
15. Birthplace: Unknown (City, town, or county) Ill. (State or foreign country)
16. (a) Informant: Mrs Beatrice Swindell
(b) Address: R#2, Carthage Mo
17. (a) Buial (Burial, cremation, or removal) (b) Date thereof: May 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Fullerton Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage Mo.
19. (a) 5/15/41 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1941 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from May 11th, 1941 to May 12th, 1941 that I last saw him alive on May 12th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Purpura Hemorrhagica	2 mo.
Due to:	
Due to:	
Other conditions. (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: No	

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): No
(b) Date of occurrence: None
(c) Where did injury occur? (City or town) (County) (State): None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): None
(e) While at work? No (f) Means of injury: None

23. Signature: George H. Wood (M. D. or other) M.D.
Address: 304 Grant St., Carthage, Mo. Date signed 5/13/41

(Licensed Embalmer's Statement on Reverse Side)

41-6-568.

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.