

No. 2
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FILED JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18454

Registration District No. 571

Primary Registration District No. 4835

Registrar's No. 28

1. PLACE OF DEATH:

(a) County. Moniteau, Co.

(b) City or town. California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)

(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 79 Yrs years, months or days)

3. (a) PRINT FULL NAME. Kate Julia Swanson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 June 8 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>24</u>	hr. min.

9. Birthplace. Missouri 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. None Only In Home

11. Industry or business _____

12. Name George W. Swanson

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

14. Maiden name Sarah Brennen

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

16. (a) Informant Geo. Swanson

(b) Address 3437 1/2 W.umbago St. St. Louis

17. (a) Burial (b) Date thereof May. 4.41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cent.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 5-3-41 (b) A.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County. Moniteau LX

(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Buchanan St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 1941 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from 4-24-41 to 5-2-41;
that I last saw her alive on 3-1-41;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute nephritis
Cause unknown

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 200

Duration

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

23. Signature A.R. Popejoy (M. D. or other) _____
Address California Mo Date signed 5-1-41

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California 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.