

No. 2  
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JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19541

State File No. ~~11111~~

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **482**

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2434 S. 6th.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 25 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2434 S. 6th.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM HENRY SWOPES  
 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 Widowed  
 6. (b) Name of husband or wife Edith Swopes  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 3rd. 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 28  
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Barber

12. Name William H. Swopes

13. Birthplace Mercer County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Thomas

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

16. (a) Informant Mr. Earl Swopes

(b) Address R.R. #5 St. Joseph, Mo.

17. (a) Removal (b) Date thereof 5--3--41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gault, Mo.

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 5/2/41 (b) H J Neithuber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st.  
 year 1941 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from on  
May 1, 1941 to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw her \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
General arterio-sclerosis  
Senile dementia.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature H J Munday (M. D. or other) MD

Address 404 So 3rd St Date signed 5-2-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

11  
1  
7

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**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

*Carl W. Kaus*

Licensed Embalmer No. ....

*3953*

P. O. Address

*St. Joseph, 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.**