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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 18 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21552

Registration District No. 247

Primary Registration District No. 5343

Registrar's No. 45

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

1. PLACE OF DEATH: Dallas
(a) County
(b) City or town Rural Wilson Twp.
(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 34/3/21 years, months or days)

3. (a) PRINT FULL NAME LORA ALICE SWIGART
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F W / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife O.A. Swigart
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Feb. 10 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 21 hr. min.

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

10. Usual occupation House keeper

11. Industry or business

MOTHER FATHER
12. Name Bob Harris
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Lee
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant O.A. Harris
(b) Address Long Lane, Mo.

17. (a) Burial (b) Date thereof 6/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Four Mile Cemetry

18. (a) Signature of funeral director
(b) Address

19. (a) (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas 311
(c) City or town Rural
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1941 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19,
that I last saw h alive on , 19,
and that death occurred on the date and hour stated above.

Immediate cause of death
Information indicates woman was
mentally unbalanced; Was under-
nourished, has been in State Hospital
at Nevada, Mo.

Due to Immediate cause of death was proba-
bly some form of bowell trouble.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

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While at work? (Specify type of place)
(e) Means of injury
23. Signature Herbert H. Scott, Coroner
Address Buffalo Mo. Date signed 6/2/41

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1197

Date Filed 7-17-41

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. ~~2508~~

working under my personal supervision.

Signed

Leonard Blomsted

Licensed Embalmer No.

2508

P. O. Address

Buffalo, Wis

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.