

**FILED** AUG 11 1941  
Registration District No. 582

Primary Registration District No. 4344

1. PLACE OF DEATH:  
(a) County MONROE  
(b) City or town PARIS  
(c) Name of hospital or institution:  
1 COOPER AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 Yrs. (Specify whether  
In this community 3 1/2 Yrs. years, months or days)

3. (a) PRINT FULL NAME JOHN MARION SWEM  
3. (b) If veteran, name war   
3. (c) Social Security No. 494-01-3208

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ANNA SWEM  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased FEB 17 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 23  
If less than one day hr. min.

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

10. Usual occupation TRAVELING SALESMAN

11. Industry or business CAFE SUPPLIES

MOTHER FATHER { 12. Name ISIAH SWEM  
13. Birthplace OHIO  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name MARTHA CLARK  
15. Birthplace IND.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo M Swem  
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof JULY 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SHELBINA, Mo.

18. (a) Signature of funeral director Speed Blakely  
(b) Address PARIS, Mo.

19. (a) JULY 10, 1941 (b) J. A. Bennett, M.D.  
(Date received local registrar) (Registrar's signature) R.L.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10  
year 1941 hour 2:00 minute PM M.

21. I hereby certify that I attended the deceased from July 10 to July 13, 1941,  
that I last saw him alive on July 10 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
about 4 or 5 p.m.  
Due to stroke

Duration

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy rw

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?

While at work (Specify type of place) \_\_\_\_\_  
(c) Venues of injury \_\_\_\_\_  
23. Signature Geo M. Swem (M.D. or other) MD  
Address PARIS, Mo Date signed 7-10-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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AUG 5 1941

AUG 22 1941

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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.....

*E. H. Agnew*

Licensed Embalmer No. *4000*

P. O. Address *PARIS, Md.*

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, above space should be left blank.