

No. 2
-4-41
17-39
X26390

REG SEP 17 1947
Registration District No. 1079

Primary Registration District No. 5-868

Registrar's No.

1. PLACE OF DEATH:
(a) County Permiot
(b) City or town Wardell
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Irena Swan
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 29
year 41 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from 6-29-41 to 6-29-41
that I last saw him or alive on 6-29-41 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Swan 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 hour
Due to arterial hypertension arteriosclerosis several years

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Clay Co., Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
93A
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business Home
12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Swan
(b) Address Wardell, Mo.
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

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) (e) Means of injury _____
23. Signature P. A. Bruns (M. D. or other) M.D.
Address Wardell, Mo. Date signed 6-29-41

19. (a) 9-2-41 (b) J. E. Creary
(Date received local registrar) (Registrar's signature)

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

9-41-3

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, W

....., Registered Apprentice No.
working under my personal supervision.

Signed James Hill

Licensed Embalmer No. 2687.

P. O. Address Pelham 9/10

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.

Registration District No. 1099

Primary Registration District No. 5868

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Wardell
(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 four years (years, months or days)

3. (a) PRINT FULL NAME Irene Swan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m-

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Irene Swan

(b) Address Wardell mo

17. (a) St Paul Cem, Wardell mo (b) Date thereof 6 30 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J M Hill

(b) Address Hilbourn mo

19. (a) 8-11 47 (b) J P Casey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 Day _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

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

Wardell mo

