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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30913

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 279

1. PLACE OF DEATH:

Adair
(a) County... Kirksville Mo
(b) City or town...
(c) Name of hospital or institution: 1401 E. Jefferson St.
(d) Length of stay: In hospital or institution... 19. Years
In this community... 19. Years

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State
Adair (b) County
Kirksville (c) City or town
1401 E Jefferson St (d) Street No.
No. (e) Citizen of foreign country?
If yes, name country...

3. (a) PRINT FULL NAME Rufus M Swank

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda Swank
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 14 185
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 13
If less than one day hr. min.

9. Birthplace Noble Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Peter Swank
13. Birthplace Ohio
14. Maiden name Hannah Wiley
15. Birthplace Ohio

16. (a) Informant Amanda Swank

(b) Address 1401 E. Jefferson - City
Burial (c) Date thereof 9.29 41

(d) Place: burial or cremation Highland Park

18. (a) Signature of funeral director

(b) Address
19. (a) 9-29-41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 1941
year hour 4 minute 02 M.

21. I hereby certify that I attended the deceased from 9-8 1940 to 9-27 1941;
that I last saw him alive on 9-27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis and myocarditis.

Due to 9/28
Due to

Other conditions Chronic pemphigus and senility.

Major findings: Of operations
Of autopsy

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?
(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 Spencer L. Freeman (M. D. or other) M.D.
Address Kirksville, Mo. Date signed 9/29/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1894

Date Filed OCT 17 1941

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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Hopkville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.