No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 30 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31661

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 336 Walnut St. /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether

In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 41

(c) City or town West Plains, /

(If outside city or town limits, write "RURAL")

(d) Street No. 336 Walnut /

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES THOMAS SWAN

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male /

5. Color or race White

6. (a) Single, widowed, married, divorced? Widowed

6. (b) Name of husband or wife Rosa M. Swan

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

7. Birth date of deceased Jan. (Month) 8, (Day) 1851 (Year)

8. AGE: Years 90 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired carpenter.

11. Industry or business

FATHER
12. Name Wm. Swan
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elviria Mitchell
15. Birthplace (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Mrs. Lela LeBlond

(b) Address West Plains, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cem West Plains, Mo.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) 8-10-41 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1941 hour 12:00 minute Noon

21. I hereby certify that I attended the deceased from 1932 to Aug 8, 1941; that I last saw him alive on Aug 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile psychosis	
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93B

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Sohier (M. D. or other) D

Address West Plains, Mo Date signed 8-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5
District File Number 881964
Date Filed

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 Hal Thornbrough

Licensed Embalmer No. 3408

P. O. Address West Plains,

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

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