

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35894**

FILLED NOV 17 1941
Registration District No. _____

Primary Registration District No. **7-40-5975** Registrar's No. **16**

1. PLACE OF DEATH: **Ray.**
(a) County **Ray**
(b) City or town **Rural Crooked River twk**
(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 **Seventy Two years.**
years, months or days)

3. (a) PRINT FULL NAME **Charles Swatta**

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

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct 11 1858**
(Month) (Day) (Year)

8. AGE: Years **83.** Months **0** Days **9.** If less than one day hr. _____ min.

9. Birthplace **Carroll County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming Most of his life**

11. Industry or business _____

12. Name **Alford Swatta**

13. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Swatta**

15. Birthplace **Carroll County Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Swatta**

(b) Address **Norborne Mo**

17. (a) **Burial** (b) Date thereof **10 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stemple Cemetery**

18. (a) Signature of funeral director **John Ditch**

(b) Address **Norborne Mo**

19. (a) **Oct. 21 - 1941** (b) **R. A. Wilford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Ray** **85**
(c) City or town **Hardin, Rural** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **Native** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **20** day **Oct**
year **1941** hour **4** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Oct 7**
_____, 1941, to **Oct 20**, 1941;
that I last saw him alive on **Oct 19**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **10 days**

Due to **Cold -**
Arterio Sclerosis

Other conditions **Irritated Bladder** **2 yrs**
(Include pregnancy within 3 months of death)

Major findings: **107**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Marion Prina** (M. D. or other) _____
Address **Hardin Mo.** Date signed **10/24/41**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 11-11-41
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 me.

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

Signed John G. Deitch
Licensed Embalmer No. 3654
P. O. Address Norbone mo.

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.