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K23159

FILED DEC 4 1941

State File No. \_\_\_\_\_

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1005 Reservoir  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Frank Arthur Swan

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

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

6. (b) Name of husband or wife Lora B. Swan 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 11, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>7</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business XX

12. Name Benjamin Swan

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

14. Maiden name Sarah Purcell

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

16. (a) Informant Mrs. Frank Swan

(b) Address R.F.D. # 2 Center Missouri

17. (a) Burial (b) Date thereof 11/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Carroll Smith

(b) Address 902 Broadway Hannibal

19. (a) Nov 9 41 (b) M.C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

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

(d) Street No. R.R. # 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1941 hour 8 minute 40 P. A. M.

21. I hereby certify that I attended the deceased from 8-18, 1940 to 11-6, 1941  
that I last saw him alive on 11-6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Symphathic Leukemia  
Duration 18 Mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 7/4 a  
(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)

(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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 11-8-41

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

MOTHER FATHER

**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.....

*James A. Moles*

Licensed Embalmer No..... 3296

P. O. Address.....

**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.**