

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Farthing
State File No. 41930
Registrar's No. 941

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains
(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 Dec. day 2
year 1941 hour 6 minute 45 p. M.
21. I hereby certify that I attended the deceased from
Nov 30 1941 to Dec 2 1941
that I last saw her alive on Dec 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death agranulocytopenia
Duration 45 days
(5)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations none
Of autopsy none
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 Fred R. Farthing (M. D. or other) _____
Address Springfield, Mo. Date signed 12/5/41

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Guy Swan 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Unknown Unknown 1905
(Month) (Day) (Year)

8. AGE: Years About 36 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Woods //
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Leucian Harrison
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Guy Swan
(b) Address West Plains, Missouri

17. (a) Burial (b) Date thereof Dec. 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-2-41 (b) W.E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

L. Louis Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.