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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 22 1942
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43167

State File No. _____

Registration District No. _____

Primary Registration District No. 0097

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Advance, Mo. Rural *dike*

(c) Name of hospital or institution: None

(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 _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH SWINDELL

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Feb. 18- 1851

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 10 2 hr. min.

9. Birthplace Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Franklin Sitz

13. Birthplace Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Cina Wilson

15. Birthplace Not Known

(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Swindell

(b) Address Bell City, Mo. Rural

17. (a) Burial (b) Date thereof 12-21-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation George cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 1-7-42 (b) D. S. Mc Kee

(Date received local registrar) (Registrar's Signature)

100 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: 10 5000

(a) State Missouri (b) County Stoddard

(c) City or town Advance, Mo. Rural

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th

year 1941 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from Sept 10 1938 to 12/20 1941:

that I last saw him alive on 12/20 1941:

and that death occurred on the date and hour stated above.

Immediate cause of death No disease

She died from the infirmities of age.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 162 lb

Of autopsy _____

Duration _____

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 D. O. Bennett (M. D. or other) _____

Address Bell City, Mo. Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 142-66

Date Filed 1-16-42

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..... **Deceased was not embalmed.**

..... Licensed Embalmer No.....

..... 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.