

FILED FEB 11 1942

State File No.

Registration District No. 668

Primary Registration District No. 5896 5896 Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
Sedalia RFD # 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pettis

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

(d) Street No. Sedalia RFD # 4
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME James R Swape

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Jan 31, 1942, to..... 19.....

that I last saw him..... alive on..... 19.....

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

4. Sex Male 5. Color of race White 5. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased Nov 11 1868
(Month) (Day) (Year)

Immediate cause of death Self-inflicted Gun shot wound over precardial area of chest Duration.....

Due to.....

Due to.....

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

73 2 20 hr. min.

9. Birthplace Pettis mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations 164C Of autopsy PHYSICIAN.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name James Swape 9

13. Birthplace unk known 9
(City, town, or county) (State or foreign country)

14. Maiden name Emily Whitefield

15. Birthplace unk known 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. H. Swape

(b) Address Sedalia RFD # 4

17. (a) Rural (b) Date thereof 2/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hermon

18. (a) Signature of funeral director Stilesie Paul Home

(b) Address Sedalia

19. (a) Feb 2/42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 2-31-42

(c) Where did injury occur? at home mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)

While at work? no (e) Means of injury Shot gun

23. Signature M. J. Bishop (M. D. or other) Coroner

Address Sedalia mo Date signed 2-2-42

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-10-42

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 L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Seaboard Mt.

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.