

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 101

Primary Registration District No. 5930

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

84
0
0

1. PLACE OF DEATH:

(a) County: Dick

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

(c) Name of hospital or institution: Campbell Hosp
(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)

In this community: entire lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dick 84

(c) City or town: Dunnegan - Rural - Britton
(If outside city or town limits, write "RURAL")

(d) Street No.: 3 1/2 miles north of Dunnegan
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: Alonzo Sailer Swartwood

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: widowed

6. (b) Name of husband or wife: Cordia Swartwood

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

7. Birth date of deceased: Aug 25 1880
(Month) (Day) (Year)

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

61 7 14 _____ hr. _____ min.

9. Birthplace: Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

12. Name: Abraham Swartwood

13. Birthplace: New York
(City, town, or county) (State or foreign country)

14. Maiden name: Lilla Parr

15. Birthplace: 1 Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Lonias Swartwood

(b) Address: Dunnegan Mo

17. (a) Burial (b) Date thereof: apr 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Dunnegan Cemetery

18. (a) Signature of funeral director: Hutchison & Co

(b) Address: Salinas Mo

19. (a) April 21 (b) d Lucille Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
: year 1942 hour 13 minute 0 A.M.

21. I hereby certify that I attended the deceased from February 1942 to April 9 1942
that I last saw him alive on March 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver

Duration _____

Due to _____

Due to _____

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

Major findings: 46 f

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)

(c) Means of injury: 0

23. Signature: J. H. Robinson M.D. (M.D. or other) _____

Address: Humansville, Mo Date signed: 4/1/42

RECEIVED

District Health Officer No. 7,

District File Number 5-42-442

Date Filed 5-11-42

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

Phy J ester

Licensed Embalmer No. 4154

P.O. Address Bolivar 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.