

S. No. 2  
-9441  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23927

State File No. ....

Registrar's No. 717

FILED AUG 13 1942  
85

Registration District No. ....

Primary Registration District No. 1001

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1  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2115 Jule St /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.  
(Specify whether)

In this community 20 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2115 Jule St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mina Louise Williams

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, widow 2

6. (b) Name of husband or wife.

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

7. Birth date of deceased June 19, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	1	4	hr. min.

9. Birthplace Faribault, Minnesota /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {

12. Name Henry Swamback

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle George

(b) Address 2115 Jule St

17. (a) Removal (b) Date thereof 7-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Barry Funeral Home

18. (a) Signature of funeral director

(b) Address 218 South 10th St St. Joseph, Mo.

19. (a) 7-24-42 (b) Rose Heigoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1942 hour 12:35 minute P. M.

21. I hereby certify that I attended the deceased from June 14  
1942 to July 23 1942  
that I last saw her alive on July 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8/20

PHYSICIAN

Major findings:  
Of operations

Of autopsy

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? Home

23. Signature M. D. or other  
Address 223 Kerkpatrick Bldg Date signed 7/24/42

**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 *Victor J. Barry*  
Licensed Embalmer No. *4212*  
P. O. Address *St Joseph 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.**