

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30130
State File No. _____
Registrars No. 151

FILED OCT 5 1942
Registration District No. _____

Primary Registration District No. 3012

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

1. PLACE OF DEATH:
(a) County. Clay
(b) City or town. Excelsior Springs
(c) Name of hospital or institution: Excelsior Hosp &
(d) Length of stay: In hospital or institution
In this community. about 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo (b) County. Clay 24
(c) City or town. Excelsior Springs 1
(d) Street No. 509 Summit 1
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Octavia Elmira Swafford
(b) If veteran, name war. ✓ (c) Social Security No. ✓

4. Sex Female 5. Color or race w
6. (b) Name of husband or wife. John Marlin
7. Birth date of deceased. July 29 1866

8. AGE: Years 76 Months 1 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace. Mo (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John A. Hayes
13. Birthplace Missouri
14. Maiden name. Jane Mianer
15. Birthplace Mo

16. (a) Informant. Andrew S. Swafford
(b) Address. Excelsior Springs Missouri

17. (a) Burial (b) Date thereof. 9-15-42
(c) Place: burial or cremation. Old Union Place

18. (a) Signature of funeral director. Claude Priskard
(b) Address. Excelsior Springs Missouri

19. (a) 9-15-42 (Date received local registrar)
Miss Sade Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th
year 1942 hour 5 minute 9 M.
21. I hereby certify that I attended the deceased from Sept 8th 1942 to Sept 14 1942
that I last saw her alive on Sept 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Uraemic Poisoning

Due to Gall Bladder Cholelithiasis with Chronic Interstitial Nephritis

Other conditions. None

Major findings: Of operations. none made
Of autopsy. none made

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where and injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Arthur F. Grace (M.D. or other)
Address Excelsior Springs Date signed 9/15/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-2-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs

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.