

FILED NOV 11 1942

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 311

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John William Swan

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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept 12 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 18 If less than one day hr. _____ min. _____

9. Birthplace: Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Abel Swan
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Barber
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant C. M. Swain
(b) Address Glenallen Mo.
17. (a) Burial (b) Date thereof Nov, 1- 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Iva Cemetery

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.
19. (a) 11-4-42 (b) C. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Glen Allen
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, 30th day 1942
year 10 hour 30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10/1
_____, 1942 to 10/30, 1942
that I last saw him alive on 10/30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension

Due to Cerebral Hemorrhage
Due to Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a
Of operations _____
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) _____
(c) Means of injury _____
23. Signature C. H. Phelps (M. D. or other) _____
Address Cape Girardeau MO Date signed 11/4/42

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

16
4

1014

RECEIVED

District Health Officer No. 3

District File Number 1142-1384

Date Filed 11-9-42

D. H. Seabury

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 *A. J. Baker*.....

Licensed Embalmer No. 3573

P. O. Address Tutorville 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.