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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36856

FILED DEC 14 1942

Registration District No.

Primary Registration District No. 3011

Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benson Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CHARLOTTE SWEARINGIN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 1942
year _____ hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Oct 22
_____, 19____, to Nov 12, 1942
that I last saw him alive on Nov 12, 19____,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. M. 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan 7 1866
(Month) (Day) (Year)

Immediate cause of death Diabetic paralysis
Nephritis ✓
Duration _____

8. AGE: Years 76 Months 10 Days 6 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Salisbury Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farming

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Geo H. Steen
13. Birthplace _____ (City, town, or county) (State or foreign country) Germany
14. Maiden name Williamson
15. Birthplace _____ (City, town, or county) (State or foreign country) Ohio

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) (e) Means of injury _____

16. (a) Informant Ted Lingenfelter
(b) Address Lina Oak

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-42
(Month) (Day) (Year)
(c) Place: burial or cremation Kennettville Mo.

18. (a) Signature of funeral director Clifford W Austin
(b) Address Lina Mo.

19. (a) 11-14-42 (Data received local registrar) (b) Mrs James Rafferty (Registrar's signature)

23. Signature A. M. Pearson (M. D. or other)
Address Carrollton Date signed Nov 12

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-19-42

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3685-6

Registration District No. 25

Primary Registration District No. 2011

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Carroll

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

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

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

3. (a) PRINT FULL NAME Charlotte Swearingin

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex ♀

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Jan 7 1907
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 12 min. 45
(If less than one day)

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No.....
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw him.....
and that death occurred on the date and hour stated above.

Immediate cause of death Brain paralysis

Due to nephritis

Due to chronic nephritis

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

Major findings:
Of operations..... 131h

Of autopsy.....

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) (e) Means of injury.....

23. Signature R. W. Kessler (M. D. or other)
Address Carrollton, Mo Date signed.....

SUPPLEMENTARY

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1514

S-36856