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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32803

State File No. _____

FILED OCT 9 1943

Registration District No. 1331

Primary Registration District No. 6225

Registrar's No. 131

1. PLACE OF DEATH: Vernon, Nevada

(a) County Missouri

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

(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 17 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Donald

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

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

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

3. (a) PRINT FULL NAME SAMUEL-EDWARD-SWARTZ

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug 18 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 14 If less than one day - hr. - min.

9. Birthplace McLean County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation school janitor

11. Industry or business none

MOTHER FATHER

12. Name Francis Swartz

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

14. Maiden name Amy Hultzman

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

16. (a) Informant Myrtle Swartz

(b) Address Southwest City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 8 -43
(Month) (Day) (Year)

(c) Place: burial or cremation Jay Oklahoma

18. (a) Signature of funeral director Funeral Home

(b) Address Nevada Mo

19. (a) 9-1-43 (Date received local registrar)

(b) Hazel B. Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour 8 minute 30P M.

21. I hereby certify that I attended the deceased from June 14 1943 to Aug 31 1943 that I last saw him alive on Aug 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia - agitated type

Due to _____

Due to 1626

Other conditions Generalized Arteriosclerosis
(Including pregnancy within 3 months of death)

Major findings: Abdominal Hernia thru old operation

Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 Paul J. Barone (M. D. or other)

Address State Hosp No 3 Date signed Aug 31

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-43-1024

Date Filed 10-8-43

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, ME

Registered Apprentice No. _____

working under my personal supervision.

Signed M. E. Ferry

Licensed Embalmer No. 1432

P.O. Address Nevada 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.