

FILED JAN 12 1943

Registration District No. *289*

Primary Registration District No. *3043*

Registrar's No. *371*

1. PLACE OF DEATH:

(a) County *Marion*
(b) City or town *Hannibal*
(c) Name of hospital or institution:
Levering O. Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME *KAREN EAY SWAIN*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *FEMALIS* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *0*

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

7. Birth date of deceased *April 10 1943*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 7 hr. min.

9. Birthplace *Hannibal Mo. U*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name *ELMER SWAIN*
13. Birthplace *Kansas City Mo. U*
(City, town, or county) (State or foreign country)
14. Maiden name *Bella Gregory*
15. Birthplace *Mo. U*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mr. Elmer Swain*
(b) Address *Hannibal Mo*

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

(c) Place: burial or cremation *Myt Olivet Cem.*

18. (a) Signature of funeral director *James O'Donnell*
(b) Address *Hannibal Mo.*

19. (a) *12-7-43* (b) *R. W. Connor*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Marion*
(c) City or town *Hannibal*
(If outside city or town limits, write "RURAL")
(d) Street No. *709 1/2 Birch St.*
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *August* day *17*
year *1943* hour *2* minute *A* M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death *Bacterial pneumonia*

Due to _____
Due to _____

Other conditions *sepsis toxemia*
(Include pregnancy within 3 months of death)

Major findings:
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) (e) Means of injury _____

23. Signature *John Henry* (M. D. or other) _____
Address _____ Date signed *12/6/43*

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

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 *Michael J. O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.