

2000

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

FILED FEB 14 1944 99
Registration District No.

Primary Registration District No. 4171

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town CLARKSDALE
(c) Name of hospital or institution Home
(d) Length of stay: In hospital or institution
In this community 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County De Kalb
(c) City or town CLARKSDALE
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Edwin Dorus Swails Sr.

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married divorced MARRIED
6. (b) Name of husband or wife Effie May Swails 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased April 12, 1868

8. AGE: Years 75 Months 9 Days 9 If less than one day hr. min.

9. Birthplace De Kalb County Mo.

10. Usual occupation FARMER

11. Industry or business Farming (Retired)

12. Name John R. Swails

13. Birthplace Unknown

14. Maiden name

15. Birthplace

16. (a) Informant Edwin J. Swails Jr.

(b) Address CLARKSDALE

17. (a) Burial (b) Date thereof 1-23-44

(c) Place: burial or cremation Clarkdale

18. (a) Signature of funeral director John Brian
(b) Address Mayville Mo

19. (a) 1-27-44 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 21st year 44 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 10, 1944 to Jan 21, 1944
that I last saw him alive on Jan 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Myocardial fibrosis

Due to Senility + Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of Physician R. L. Linder M. D. or other

Address Clarkdale Mo. Date signed 1-26-44

Duration 24 hrs

PHYSICIAN Underline the cause to which death should be charged statistically.

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.....

John G. Bram

Licensed Embalmer No. *3933*

P. O. Address.....

Wayville, 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.