

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Rural Salt River  
(c) Name of hospital or institution RFD #2 Cairo Mo  
(d) Length of stay: In hospital or institution none  
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Randolph  
(c) City or town Rural  
(d) Street No. RFD #2 Cairo  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LYDIA RUTH SWITZER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. N. Switzer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June - 12 - 1892

8. AGE: Years 51 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Macon Co. MD

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name H. C. Wine

13. Birthplace Macon Co. MD

14. Maiden name Sarah McGhee

15. Birthplace Macon Co. MD

16. (a) Informant J. N. Switzer

(b) Address RFD #2 Cairo Mo

17. (a) Rural (b) Date thereof 1-7-44

(c) Place of burial or cremation Macon Co. Fairview Cemetery

18. (a) Signature of funeral director How Funeral Home

(b) Address Moberly Mo

19. (a) 1-6-44 (b) J. Luma Hove

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4<sup>th</sup> year 1944 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to suicide by shooting self with #38 revolver

Due to into brown car - 444

Due to Coroner car

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1640

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 1/4/44

(c) Where did injury occur? RFD Randolph Co Mo

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

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury Coroner

23. Signature H. C. Wine (M. D. or other)

Address Moberly Mo Date signed 1-6-44

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

88  
00

MAR 11 1935

RECEIVED

District Health Officer No. 10

District File Number 2-44-404

Date Filed FEB 8 1944

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..... *R. M. Carter* .....

Licensed Embalmer No. 4117

P. O. Address *Maabery 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.