S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6924

State File No.

Registration District No. FILED MAR 10 1944

Primary Registration District No. 3012

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs (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 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

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

(d) Street No. 720 Hazel (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lannies Swearingen

3. (b) If veteran, name war no

3. (c) Social Security No. 491-01-8750

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Gladys

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June (Month) 6 (Day) 1897 (Year)

8. AGE: Years 46 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Lineman

11. Industry or business Mo Power & Light Co

FATHER
12. Name John Swearingen
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ida Evans
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Warren W Swearingen

(b) Address Excelsior Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs Mo

19. (a) 3-2-44 (Date received local registrar) Mrs Lydia Bodman (Registrar's signature)

1166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1944 hour 11 minute a. 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 Coronary Thrombosis

Due to Coroners Case 94a

Due to Coroners Case

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coroners Case

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) Coronary Thrombosis

(b) Date of occurrence 2-27-1944

(c) Where did injury occur? Excelsior Sprgs (City or town) Clay (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? East Broadway, at a home (Specify type of place)

While at work? (e) Means of injury

23. Signature R.W. Prather Coroner (M. D. or other) 3

Address Excelsior Springs Mo. Date signed 3-4-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-9-44

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 Earl Rapp

Licensed Embalmer No. 23458

P. O. Address St. Louis, 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.