No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7612

Registration District No. 383

Primary Registration District No. 5653

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)

In this community 22 days

2. USUAL RESIDENCE OF DECEASED: 34

(a) State: Missouri (b) County: Douglas

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

(d) Street No.: Route #3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): /

If yes, name country:

3. (a) PRINT FULL NAME: Cecil Swearengin

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: Single

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: April (Month) 19 (Day) 1912 (Year)

8. AGE: Years 31 Months 9 Days 3 If less than one day hr. min.

9. Birthplace: Ava (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: J. C. Swearengin

13. Birthplace: Douglas Co. (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Susan L. Wafford

15. Birthplace: Douglas Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo. State San., Mount Vernon

17. (a) (Burial, cremation, or removal) (b) Date thereof: 1 25 44 (Month) (Day) (Year)

(c) Place: burial or cremation: AVA

18. (a) Signature of funeral director: CHINKINBEARD FUNERAL HOME

(b) Address: Ava Mo

19. (a) 1-26 44 (Date received local registrar) (b) Cecil Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 1, 1944, to Jan. 22, 1944 that I last saw ~~him~~ alive on Jan. 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Pneumonia	2 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis	2 years

Major findings:
Of operations: 131 L
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E. M. Bryan (M. D. ~~or other~~)

Address: Mt. Vernon Mo. Date signed 1-22-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-238
Date Filed FEB 15 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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Augusta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.