

FILED MAR 30 1944

Registration District No. _____

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Wernon
(b) City or town Amur - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 6 months
(Specify whether years, months or days) Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2802 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME

Nathan Swift

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie Morris Swift

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 10 1868
(Month) (Day) (Year)

8. AGE:

Years 75 Months 10 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace

Sum Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER { 12. Name

Nathan Swift

13. Birthplace

Bulgaria
(City, town, or county) (State or foreign country)

14. Maiden name

Adeline Stahl

15. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant

Hoop Reed

(b) Address

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 2-16-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Osborne Mem Cem, HURLBUT UND. CO., 604 LIN 140

18. (a) Signature of funeral director

HURLBUT UND. CO., 604 LIN 140

(b) Address

19. (a) 2-15-44

(Date received local registrar)

(b) Hazel B. Beuer
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 20, 1940 to Feb 13, 1944 that I last saw him alive on Feb 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Deg. Myocarditis
Sen. arteriosclerosis

Due to _____

Other conditions (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 0

23. Signature W. J. Bener (M. D. or other) _____
Address Mo. 140 Date signed 2/13/44

605 St. Jackson

RECEIVED

District Health Officer No. 7;

District File Number 2-44-268

Date Filed 3-8-44

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 Perry T. Hurlbert

Licensed Embalmer No. 959

P. O. Address Joplin 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.