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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1944

Registration District No. 127

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27794

Primary Registration District No. 3464

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Willard - Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The family home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Since 1911

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Willard, Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Carrie Jane Swinney
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife V. C. Swinney
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 11 (Day) 1880 (Year)

8. AGE: Years 64 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Jesse Redfearn
13. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Kathryn Johnson
15. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Earl Greenwade - daughter
(b) Address Willard, Mo #2. phone 1493
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Yeakley Chapel Cem
18. (a) Signature of funeral director R. L. Greenwade Und. Co -
(b) Address Willard, Missouri
19. (a) Aug 19 1944 (Date received local registrar) (b) Jane Appleby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1944 hour 9.00 minute P. M.
21. I hereby certify that I attended the deceased from Aug. 13, 19 44 to Aug 18, 19 44 that I last saw h. alive on Aug 18, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Convulsions Resd Coma	24 hrs
Due to Nephritis chronic Interstitial	3 & 5 years
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus	5 years

Major findings: —
Of operations
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 0

23. Signature Dr Charles H. Orr (M. D. or other) Ind.
Address Oak Grove Mo Date signed 8/19/1944

1242 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 44-9-66
Date Filed 9/5/44

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. ~~2095~~,
working under my personal supervision.

Signed Mrs E. W. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, Missouri

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.

PVA