

FILED OCT 9 1944
Registration District No. _____

Primary Registration District No. 30465796

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Walker

(c) Name of hospital or institution: Moniteau County Home

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

(c) City or town Clarkburg, Mo.

(d) Street No. _____

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

If yes, name country _____

3. (a) PRINT FULL NAME John T. SWINNEY

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 15 1855

8. AGE: Years 89 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Moniteau Mo.

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name James Swinney

13. Birthplace Virginia

14. Maiden name Martha Gray

15. Birthplace Mo.

16. (a) Informant A. F. Kunkler

(b) Address Rt. 4, California, Mo.

17. (a) burial (b) Date thereof 9-28-44

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 9-26-44 (b) A. J. Alled

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1944 hour 4 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 1944 to Sept 26 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Chronic myocarditis
Due to generalized arteriosclerosis

Duration 20 years
6 years
20 years

Other conditions _____

Major findings: _____

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? _____

(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 _____

23. Signature Kenneth Atham (M. D. or other) _____

Address California, Mo. Date signed 9-26-44

1312

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-6-44

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..... A. E. Wilson.....

Licensed Embalmer No. 2351.....

P. O. Address California, 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.