

FILED NOV 4 1944

Registration District No. 23

Primary Registration District No. 2007

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Brandon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Billie Gene Swofford  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Oct. day 15  
year 1944 hour 11 P.M. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced ( )  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. August 19 1930  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 15 1944 to Oct. 15 1944;  
that I last saw him alive on Oct. 15 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
14 1 28 hr. \_\_\_\_\_ min.

Immediate cause of death INTERNAL HEMORRHAGE OF ABDOMEN Duration 10-15-44  
Due to ACCIDENTAL GUN SHOT WOUND 10-15-44  
Due to 184-8

9. Birthplace Flat River Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: PERFORATION of SPLEEN & LARGE BOWEL.  
Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Claude W. Swofford  
13. Birthplace Iron County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Maudie Huey  
15. Birthplace Flat River, Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 12  
(b) Date of occurrence Oct 15, 1944  
(c) Where did injury occur? Poplar Bluff Butler Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
ON FARM  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury GUN SHOT

16. (a) Informant Claude W. Swofford  
(b) Address Rt #1 Poplar Bluff Mo.  
17. (a) Burial (b) Date thereof Oct. 17 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Flat River Mo.

18. (a) Signature of funeral director Frank Detall Chapel  
(b) Address Poplar Bluff Mo.  
19. (a) 10-18-44 (b) Billie Gene Swofford  
(Date received local registrar) (Registrar's Signature)

23. Signature W. W. Swofford (M.D. certifier)  
Address Poplar Bluff, Mo. Date signed 10-17-44

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

RECEIVED

District Health Office No. 2,

District File Number 1144-1453

Date Filed 11-3-44

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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.....

Licensed Embalmer No. 2964

P. O. Address..... Poplar Bluff, 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.