

FILED NOV 15 1944

Registration District No. ....

Primary Registration District No. 6186

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Beaver Twp.

(c) Name of hospital or institution: Bradleyville mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community all life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Taney

(c) City or town Bradleyville mo  
(If outside city or town limits, write "RURAL.")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? U.S.A. - No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Marcus William Swackley

3. (b) If veteran, name war. no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21  
year 1944 hour 10:00 minute A.M.

4. Sex male 5. Color or race w

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

6. (b) Name of husband or wife. ....

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug 6, 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 16, 1944 to 19;  
that I last saw him alive on September 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute left ventricular dilatation

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>15</u>	.....hr. ....min.

Due to Anasarca

Due to Renal insufficiency

9. Birthplace Bradleyville mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 3

11. Industry or business.....

12. Name unknown

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations 950

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry H. Swackley

(b) Address Bradleyville mo

17. (a) Burial (b) Date thereof Sept 24-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director Harry Forayth

(b) Address Forayth mo

19. (a) 9-24-44 (b) Louise Forayth  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

23. Signature H. W. Clapp Jr. or other DO.  
Address Forayth mo Date signed 9-23-44

MOTHER FATHER

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

06  
9  
5

1376

RECEIVED  
District Health Officer No. 6,  
District File Number 1144-1115  
Date Filed NOV 13 1944

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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 *Minnie L. Wheelchel*  
Licensed Embalmer No. *2277*  
P. O. Address *Branson 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.