

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **60198**

FILED DEC 18 1944

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **303**

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Richsville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4**
(Specify whether years, months or days)

In this community **10 mo. 21 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scotland**

(c) City or town **Memphis**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **11**

3. (a) PRINT FULL NAME **ALMA MILLER SWIFT**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**
year **1944** hour **2** minute **45** P.M.

21. I hereby certify that I attended the deceased from **May 2**
1944 to **Nov 17**, 19**44**

that I last saw her alive on **Nov 17**, 19**44**
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Name of husband or wife **Thomas Swift**

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

7. Birth date of deceased **APRIL 23 1856**
(Month) (Day) (Year)

Immediate cause of death

Coronary heart failure

Due to **Chronic Myocarditis**

Due to **Arteriosclerosis**

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

8. AGE: Years **88** Months **6** Days **24**
If less than one day hr. _____ min. _____

9. Birthplace **McFORD Wis 1**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

Underline the cause to which death should be charged statistically.

10. Usual occupation **HOUSE WIFE**

11. Industry or business _____

12. Name **GEO MILLER**

13. Birthplace **NOT KNOWN 9**
(City, town, or county) (State or foreign country)

14. Maiden name **NOT KNOWN**

15. Birthplace **NOT KNOWN 9**
(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) _____

(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 **2**

23. Signature **W. T. Lutenbacher** (M.D. or other) **W. T. Lutenbacher**
Address **Richsville, Mo** Date signed **11-17-44**

16. (a) Informant **Olga Swift**

(b) Address **Memphis Mo**

17. (a) **Swiss** (b) Date thereof **11-19-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis cemetery**

18. (a) Signature of funeral director **W. M. Reasoner**

(b) Address **Memphis Mo**

19. (a) **11-20-44** (b) **Dr. J. H. Wagoner**
(Date received local registrar) (Registrar's signature)

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

3
3

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number *12-4-2066*

Date Filed *DEC 15 1944*

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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.