

State File No. _____

FILED MAR 3 1945

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 W. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 306 W. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE SWAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emery A. Swan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 - 11 - 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Milwaukee Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER-FATHER { 12. Name Samuel Church
13. Birthplace Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Henry
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Hillis
(b) Address 17 Edgewood Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Barrett Funeral Service
(b) Address Columbia, Mo.

19. (a) 1-20-45 (b) Edna H. Bursh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1945 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 29
1944 to Jan 18 1945
that I last saw her alive on Jan 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Senility -
Senile dementia

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

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature Jan 9 1945 M. D. or other _____
Address Columbia, Mo. Date signed 1/19/45

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

151
7-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-2-45

NOV 7 1945

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 Frank L. Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.