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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6173

State File No.

FILED MAR 3 1945

Registration District No. 3 128

Primary Registration District No. 5466

Registrar's No. 129

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town RURAL, S. CAMPBELL TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community S
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

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

(e) Citizen of foreign country? No 1 (~~Yes~~ or No)

If yes, name country —

3. (a) PRINT FULL NAME Becky Edith Swinney

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 Infant

6. (b) Name of husband or wife None

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

7. Birth date of deceased March (Month) 11 (Day) 1944 (Year)

8. AGE:	Years	Months	Days	If less than one day
0	0	11	2	hr. min.

9. Birthplace Ash Grove Rt 3 (City, town, or county) Mo (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Arthur Swinney
13. Birthplace Ash Grove (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Norvel Hendrickson
15. Birthplace Halltown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Arthur Swinney
(b) Address Ash Grove Rt 3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director A. E. Thurman & Co.
(b) Address Republic, Mo

19. (a) 2/14/45 (Date received local registrar) (b) Wm Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 1 day 13 year 1945 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from FEB 11, 1945, to FEB 13, 1945; that I last saw her alive on FEB 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CONGENITAL MITRAL STENOSIS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (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

23. Signature Richard A. Michael (M.D. or other) Do

Address Springfield Mo Date signed 2-13-45

98X

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 45-3-17
Date Filed 3-1-45

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 R. E. Hornsby 503

Licensed Embalmer No. 503

P. O. Address Republic, 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.