

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
210 W. 16th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 years  
In this community 25 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 210 W. 16th Street  
(e) Citizen of foreign country? no  
If yes, name country.

3. (a) PRINT FULL NAME Frances Swogger

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Andrew Swogger 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 30, 1860  
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name G. W. Dobbins  
13. Birthplace Virginia  
14. Maiden name Eliza Crabtree  
15. Birthplace Virginia

16. (a) Informant Zack Dobbins  
(b) Address Fort Smith, Arkansas  
17. (a) removal (b) Date thereof 8/16/45  
(c) Place: burial or cremation Columbus, Kansas

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8/15/45 (b) Ed W. James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13  
year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 19... 19...  
that I last saw him alive on... and that death occurred on the date and hour stated above.

Immediate cause of death Cancer  
of uterus

Due to Heart Prostration  
from over exertion

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) 127  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (Specify type of place) (e) Means of injury  
Address 2114 J. J. Felix Date signed 8/17/45

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

MOTHER FATHER

1404

45-80697

SEP 20 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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.