. No. 2
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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

State File No. 34271

FILED NOV 8 1945

Registration District No. 248 Primary Registration District No. 5842 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho R.F.D. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Dayton township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laverne Greeley Swartz
3. (b) If veteran, name war
3. (c) Social Security No. 486-01-8746
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Swartz
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased May (Month) 31 (Day) 1910 (Year)
8. AGE: Years 35 Months 4 Days 10 If less than one day hr. min.
9. Birthplace Washburn (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business
12. FATHER Name Herbert Laverne Swartz
13. FATHER Birthplace Adams Co. (City, town, or county) Nebraska (State or foreign country)
14. MOTHER Maiden name Lula M. Boman
15. MOTHER Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Herbert Laverne Swartz
(b) Address Seneca, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery
18. (a) Signature of funeral director Bill Buzzard
(b) Address Seneca, Missouri
19. (a) Oct. 20-'45 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Aug. 4th 1945 to Oct 10th 1945 that I last saw him alive on Sept 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 yrs.
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 John B. Robertson (M. D. or other) D.O.
Address Lamar Mo. Date signed 10-11-45

1352

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1946

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.

RECEIVED NOV 6 1945

Public Health Officer No. .....

District File Number 1045-195

Date Filed NOV 6 1945

Signed B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.