

S. No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40889**

FILED JAN 9 1946

Registration District No. **62**

Primary Registration District No. **5240**

Registrar's No. **38**

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community XXX
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar **20**
(c) City or town Rural--Washington Township
(If outside city or town limits, write "RURAL") **0**
(d) Street No. XXX
(If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country XXXXXX

3. (a) PRINT FULL NAME NORA T. SWANGEL
3. (b) If veteran, name war XXXX
3. (c) Social Security No. XXX

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Loy Swangel
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February 2, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 26 X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business XXX

MOTHER FATHER { 12. Name William Moyer
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Racheal Snell
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Goy Swangel
(b) Address Caplinger Mills, Missouri

17. (a) Burial (b) Date thereof 11-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 1-4-46 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year '45 hour..... minute..... M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis **min**
Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy..... **9/40**

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

22. If death was due to external causes, fill in the following:
(c) 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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature Wm B. Richter (M. D. or other)
Address Stockton, Mo. Date signed 1-4-46

1522 (Licensed Embalmer's Statement on Reverse Side)

8561 9/14/46

RECEIVED

License No. 7,
12-45-1276

1-8-46

Date

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.