

STANDARD CERTIFICATE OF DEATH

State File No. **41281**

Registration District No. **3-26127** Primary Registration District No. **5469**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Ash Grove R. R.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Residence**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **Native**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Ash Grove R. R.**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Purdy Edgar Swinney**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **26**
year **1945** hour **7** minute **30 A.M.**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased: **10 - 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
by physician on attendance
that I last saw h. **alive on** _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
58	1		hr. _____ min. _____

Immediate cause of death **Shotgun wound of chest**
Sudden death

Due to _____

Due to _____

9. Birthplace **Lawrence Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions **164**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name **Tasper Swinney**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Deery**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary Swinney**

(b) Address **Box 2000 Mo.**

17. (a) **Burial** (b) Date thereof **Nov 28-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Johns Chapel**

18. (a) Signature of funeral director **Murray C. Stone**

(b) Address **Box 2000 Mo.**

19. (a) **Nov 30-45** (b) **Jewell Williams**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **Nov 26, 1945**

(c) Where did injury occur? **Suene Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Front yard of home
(Specify type of place)

While at work? **No** (c) Means of injury **Shot gun**

23. Signature **Murray C. Stone** (M. D. or other) _____
Address **Springfield, Mo** Date signed **11-26-45**

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

19
0
0

1295

RECEIVED

Greene County Health Office,

County File Number 45-1298

Date Filed 12-19-45

DEC 27 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.....

Licensed Embalmer No. 3297

P. O. Address McBride, 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.