

FILED APR 4 1946

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Missouri rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ray County - County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rayville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Street not listed 0
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Austin (n) Swofford

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December Unknown 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alfred Swofford

13. Birthplace Ray County
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McGaugh

15. Birthplace Ray County
(City, town, or county) (State or foreign country)

16. (a) Informant John Swofford

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 3/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cem, Rayville

18. (a) Signature of funeral director Quest-Life Funeral Home

(b) Address Richmond, Mo.

19. (a) April 3-46 (b) Malal Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 20 1946 to Mar 23-46
that I last saw him alive on Mar 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Dilatation

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Richmond Date signed 4-20-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. 4069

P. O. Address.....

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.