S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26205

State File No.

FILED AUG 19 1946

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 51

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

25051

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barry Co. Hosp. & Clinic 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether
In this community 2 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Ridgley
(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 Martin Luther SWARTZ

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M /

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 26, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	9	-- hr. --- min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Swartz

(b) Address Ridgley, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg, Va.

18. (a) Signature of funeral director W. C. Koon

(b) Address Cassville, Mo

19. (a) Aug 6-1946 (Date received local registrar) (b) Grace Williams (Registrar's signature)

10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1946 hour 5: minute 56 P.M.

21. I hereby certify that I attended the deceased from November 28, 1945 to August 5, 1946;
that I last saw him alive on August 5, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
/ Coronary thrombosis	1 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9+a
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 0

23. Signature Leon Mawna (M. D. or other) M. D.

Address Cassville, Missouri Date signed 8-5-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-867
Date Filed AUG 14 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.

Signed J. C. Canada

Licensed Embalmer No. 4194

P. O. Address Cassville, 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.