

STANDARD CERTIFICATE OF DEATH

State File No. **32963**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **342**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**  
(b) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **537 Morgan Oak St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **6 days** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**  
(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **537 Morgan Oak St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Kathryn Louise Swan**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **\_\_\_\_\_**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct. 5, 1946**  
(Month) (Day) (Year)

8. AGE: Years **No** Months **No** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cape Girardeau, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Odis Swan**

13. Birthplace **Cape County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Vernita Coates**

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

16. (a) Informant **Mrs. Vernita Swan**

(b) Address **537 Morgan Oak, Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 12, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Cape Girardeau, Mo.**

19. (a) **10-16-1946** (b) **T. C. Summers**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **11**  
year **1946** hour **5:15** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Malnutrition**  
Due to **Congenital malformation of the digestive system**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **Car**

23. Signature **Dr. J. G. Summers** (M.D. or other) \_\_\_\_\_  
Address **Jackson, Mo.** Date signed **10/15/46**

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

Dist Health Officer No. 4  
District File Number 1046-2771  
Date Filed 10-21-46

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**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.....

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.**