

S. No. 2
M-543
v. 5-17-39
P I X38671

State File No. _____

FILED DEC 6 1946

Registration District No. 78

Primary Registration District No. 5362

Registrar's No. 114

1. PLACE OF DEATH:

(a) County DAVISS

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

(c) Name of hospital or institution:
R.F.D.#3 Jamesport, MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days) 3 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Imperial #40

(c) City or town Jamesport, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#3 Jamesport, MO.
(If rural, give location)

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

3. (a) PRINT FULL NAME IRP EARL SWELLING

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Walter Thos Swelling 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 22, 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 19 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Bradford Swelling

13. Birthplace Union Mo
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Brown

15. Birthplace Union MO
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Swelling

(b) Address R.F.D.#3 Jamesport, MO

17. (a) Burial (b) Date thereof Nov 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adelberg, Mo.

18. (a) Signature of funeral director James A. James

(b) Address Shenton Mo

19. (a) 11-12-46 (b) Virginia M. Engelbert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1946 hour 11:15 minute AM

21. I hereby certify that I attended the deceased from ground level
back yard 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 Angina pectoris
Coronary Occlusion

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy 94a

Duration _____

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 2

23. Signature Miss Bailey or other _____

Address Adelberg, MO Date signed Nov 14 1946

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

36534

Beulah Corley Korner 1/6

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *James A. Davis*.....

Licensed Embalmer No. *3424*.....

P. O. Address *Gretna 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.