

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 13 1946**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**39316;**

State File No. \_\_\_\_\_

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:  
539 Greer Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 25 years

3. (a) PRINT FULLNAME Sally E. Swanagon

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

3. (c) Social Security No. X

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: February 17 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Marion Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

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

MOTHER FATHER

12. Name Thomas Yeakey

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

14. Maiden name Unknown

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

16. (a) Informant Maxine Husher

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 10/16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley Missouri

18. (a) Signature of funeral director Taylor Funeral Home

(b) Address Sikeston, Missouri

19. (a) 12-2-46 (b) Mrs. J. G. Henry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 539 Greer Ave. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14  
year 1946 hour Nine minute P.M.

21. I hereby certify that I attended the deceased from 7 Oct 46  
to 13 Oct 46, 19\_\_\_\_; and that death occurred on the date and hour stated above.

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

Uterine Hemorrhage - Malignancy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

23. Signature Chas. W. Henry (M. D. or other) 428

Address Sikeston Mo Date signed 11-28-46

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

Mother

RECEIVED

District Health Office No. 2,

District File Number 1246-1428

Date Filed 12-9-46

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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 James M Scott

Licensed Embalmer No. 4250

P. O. Address East Orange,

**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.**