

S. No. 2
M-5-43
7. 5-17-39
X 38671

FILED FEB 5 1947
Registration District No. **137**

Primary Registration District No. **4218**

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

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Benton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 2, Windsor**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Bell Swisher
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **22**
year **1947** . . . hour **3:00 p.m.** minute _____ M.
21. I hereby certify that I attended the deceased from **Jan 17** 19**47** to **Jan 27** 19**47**
that I last saw her alive on **Jan 25** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Fe** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charles Swisher**
6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **June 21 1881**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration **1 day**
Due to **Cardiovascular disease** **5 yrs.**
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **none**
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
65 7 1 . . . hr. . . min.

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Henry Espenchied** **4**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Kathryn Miller**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Swisher**
(b) Address **Windsor, Missouri**
17. (a) Burial (b) Date thereof **1-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Missouri**

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 **⓪**
23. Signature **J. A. Blackmore** (M. D. or other) **MD.**
Address **Windsor, Missouri** Date signed **1-24-47**

18. (a) Signature of funeral director **Huston Turner**
(b) Address **Windsor, Mo.**
19. (a) 1-29-1947 (b) **R. R. Belmont**
(Date received local registrar) (Registrar's signature)

120

Date filled
Case #
EMERALD STATE COLLEGE NO. 1

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.....

William M. Turner....., Registered Apprentice No. 470,
working under my personal supervision.

Signed E. L. Huston.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor 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.