

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 16, 1947

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
501 - 2nd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 74 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 - 2nd Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Brick Pomeroy Swearngen

3. (b) If veteran, name war XXXXXX 3. (c) Social Security No. 491-14-1509A

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nellie Waldon Foree 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased January 8th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 29 hr. min.

9. Birthplace Shelbina Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation care taker of poultry

11. Industry or business Henderson Produce Co

12. Name Byran Swearngen

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

14. Maiden name Polly Ann Anderson

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

16. (a) Informant Carroll Swearngen

(b) Address 1813-28th St. J. R. Ross, Wis.

17. (a) Burial (b) Date thereof Jan. 8th 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. J. J. C. Cemetery

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Missouri

19. (a) Jan 8, 1947 (b) Charles Little  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th  
year 1947 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 5-12, 1946, to 1-6, 1947  
that I last saw him alive on 1-6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g3 A

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

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 F. M. Simmons (M. D. or other) D.O.

Address Monroe City, Mo. Date signed 1-7-47

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

MOTHER FATHER

204

RECEIVED  
District Health Officer No. 10  
District File Number 114798  
Date Filed JAN 14 1947

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

Signed Leone L. Wilson  
Licensed Embalmer No. 3014  
P.O. Address Memphis, Tenn

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.