S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3929

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: 405 S. Garth St.
(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: 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 405 S. Garth St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: FANNIE RAWLINS

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Robert Adams Rawlins

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

7. Birth date of deceased: 1 (Month) - 10 (Day) - 1859 (Year)

8. AGE: Years 87 | Months 1 | Days 4 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: John Luther Swartout
13. Birthplace: ____ (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Susan E. Rawlins
15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Phil Simpich
(b) Address: 405 S. Garth, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (c) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 2-14-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1947 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw him alive on October, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	1 week
Due to: Inanition -	2 years
Due to: senility	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NO
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Charles E. Leech (M. D. or other) MD
Address: Columbia, Mo. Date signed: 2-14-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-18-47
MAR 21 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Chas L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.