S. No. 2
M—8-43
. 5-17-39
21 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5808

State File No.

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 18

1. PLACE OF DEATH:
(a) County PUTNAM
(b) City or town Rural - Lemons, Mo W. Lon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PUTNAM COUNTY INFIRMARY 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 MONTHS (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PUTNAM 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lemons, Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REMAH BLANCH M^C GEE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife JESS M^CGEE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 21 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
51	3	16	hr. min.

9. Birthplace HARRIS (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation Inmate County Infirmary
11. Industry or business
MOTHER FATHER
12. Name WILLIAM HENRY SWOPE 0
13. Birthplace LEXINGTON (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name EDITH MAY MURRARY
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant William J. McGee
(b) Address Lamar Dover
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 10 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MENDOTA CEMETERY
18. (a) Signature of funeral director COMSTOCK FUNERAL HOME
(b) Address UNIONVILLE, MO. By John N. Comstock
19. (a) 3-1-47 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 7
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from Feb 4, 1947 to Feb 7, 1947
that I last saw her alive on Feb 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 2
23. Signature Chas L. Todd (M. D. or other) D.O.
Address Unionville Mo Date signed 2-8-47

266 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-4-3
Date Filed MAR 11 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.