

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8065**
Registrar's No. **419**

Registration District No. **42** Primary Registration District No. **5134**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **Industrial City - Washington Twp**
(c) Name of hospital or institution:
Stop #4, Industrial City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community **65 years.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **Industrial City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Stop #4.** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Emma Swope**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **NOBE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **24**
year **1947** hour **10** minute **30** A.M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **B.A. Swope**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 30 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec. 1st 1946** to **March 24 1947**
that I last saw her alive on **March 24, 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **10** Days **24**
If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral apoplexy**
Hypertension
age
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation **At Home**
11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **B. Q. Swope Jr.**
(b) Address **Industrial City, Mo.**
17. (a) **Burial** (b) Date thereof **Mar. 26, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Int. Auburn**
18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **1946 Colhoun St. St. Joseph, Mo.**
19. (a) **3-25-47** (b) **K. B. Jenkins**
(Date received local registrar) (Registrar's signature)

23. Signature **Leroy Beckman** (M. D. or other)
Address **Long Bird Bldg** Date signed **3/24/47**

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 Elbert R. Harrington
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph 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.