

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8872

State File No. _____

FILED MAR 21 1947

Registration District No. _____

Primary Registration District No. 5562

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:
3 miles west of Hogan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. 3 miles west of Hogan
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Henry Swaringim

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1947 hour 11 minute 21 P. M.

21. I hereby certify that I attended the deceased from 3/4 to 3/4 1947
that I last saw him alive on 3/3/47 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Minnie Swaringim

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 16 1865
(Month) (Day) (Year)

Immediate cause of death Pneumonia
Chronic Bronchitis

Duration 3 days

8. AGE: Years 81 Months 4 Days 18
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

10. Usual occupation farmer

Major findings:
Of operations _____

Of autopsy 108

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name George Swaringim

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

14. Maiden name Mary Smith

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

16. (a) Informant Mrs. Minnie Swaringim

(b) Address Glover Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chloride Mo.

(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? _____

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 3-16-47 (b) Mrs. Aris Jones
(Date received local registrar) (Registrar's signature)

23. Signature E. M. [unclear] (Date signed) _____
Address _____

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

129

RECEIVED

Health Officer No. 4
District File Number 347-382
Date Filed 3-26-47

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 Arcey White
Licensed Embalmer No. 8012
P. O. Address Winton Ave.

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.