

FILED APR 1 1947
1947

Primary Registration District No. 3127

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 415 East 4th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs
(Specify whether years, months or days)

In this community 50 yrs

3. (a) PRINT FULL NAME Thomas Harden Swayers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Kate Swayers

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

7. Birth date of deceased May 2 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	10	7	hr. min.
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9. Birthplace No Data 9
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name No Data 9

13. Birthplace No Data 1
(City, town, or county) (State or foreign country)

14. Maiden name No Data

15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Swayers (wife) 1

(b) Address 415 East 4th St. Webb City

17. (a) Burial (b) Date thereof 4/12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) MCH 111:1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 415 East 4th St. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 8, 1947, to March 8, 1947, that I last saw him alive on March 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Arteriosclerosis years

Due to _____

Other conditions [Handwritten]
(Include pregnancy within 3 months of death)

Major findings: [Handwritten]

Of operations _____

Of autopsy _____

Duration

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? _____

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

Signature Orval J. Needel (M. D. or other) P

Address Webb City Mo. Date signed Mar 10 1947

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

47-2-221

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 *Richard Gray Lewis*

Licensed Embalmer No. *14403*

P. O. Address *Webb City 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.