

S. No. 2
M-5-43
7-5-17-39
I X28671

FILED MAY 19 1947

Registration District No. **274**

Primary Registration District No. **4407**

Registrar's No. **177**

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town LaMonte Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(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 Life
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Frank Hancock Swope
 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 Effie Delapp Swope
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased 3-223 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace LaMonte Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Malichi Swope
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Hancock
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Swope
 (b) Address Hughesville Mo.

17. (a) Burial (b) Date thereof 5-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Mo.

18. (a) Signature of funeral director Saul M. Moore
 (b) Address LaMonte Mo.

19. (a) 5-7-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1947 hour 11.00 minute _____ P.M.
 21. I hereby certify that I attended the deceased from 6-1-45
 195 to 5-47 195
 that I last saw him alive on 5-5 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Degeneration
 Due to _____
 Duration 2 yrs

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____ (b) Means of injury _____
 23. Signature W.E. Walker (M. D. or other) M.D.
 Address LaMonte Mo. Date signed 5-6-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-16-47

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 Paul M. Moore

Licensed Embalmer No. 3926

P. O. Address La Monte 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.