. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 58

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24521

Primary Registration District No. 5574

Registrar's No. 129

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town RURAL VAN BURAN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4½ MILES SOUTH OF OAK GROVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4½ MILES SOUTH of OAK GROVE 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. FLORENCE SWOPE WILSON
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NEWTON M. WILSON
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased DECEMBER (Month) 25 (Day) 1855 (Year)

8. AGE: Years 91 Months 7 Days 9 If less than one day ... hr. ... min.

9. Birthplace VIENA (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation NONE
11. Industry or business AT HOME
MOTHER FATHER
12. Name JOHN SPENCER SWOPE
13. Birthplace TAYLORVILLE (City, town, or county) KENTUCKY (State or foreign country)
14. Maiden name MATILDA MOAKES
15. Birthplace COLUMBIA (City, town, or county) TENNESSEE (State or foreign country)
16. (a) Informant JACKSON SWOPE MITCHELL
(b) Address OAK GROVE, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD, K.C., MO
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek, K.C., MO
19. (a) Aug. 4 1947 (Date received by local registrar) (b) Donald C. Carnahan (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 3
year 1947 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from 5-28-, 1947, to 8-3-, 1947, that I last saw h[illegible] alive on 8-2-, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cholelithiasis	1 mo.
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 26	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? 2 (Specify type of place)
While at work? (e) Means of injury
23. Signature K. C. Warren (M. D. or other) D.O.
Address Oak Grove, Mo. Date signed 8-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

10-5

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 Bernard L Doran

Licensed Embalmer No. 4250

P. O. Address M C, 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.