

U. S. No. 2
OM-5-43
v. 5-17-39
I X38671

FILED OCT 20 1947

Registration District No. 21

Primary Registration District No. 4039

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. none (If rural, give location)

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

3. (a) PRINT FULL NAME Samuel Swerngin

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1947 hour 3: minute p M.

21. I hereby certify that I attended the deceased from Sept 24 to Sept 24 1947 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 Widowed

6. (b) Name of husband or wife Elizabeth Pearson

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

7. Birth date of deceased February 14 1863
(Month) (Day) (Year)

Immediate cause of death apoplexy

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>7</u>	<u>10</u>	hr. _____ min.

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: 83A
Of operations _____

11. Industry or business _____

12. Name Sterling Swerngin

Of autopsy _____

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

13. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

(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? _____

14. Maiden name Unknown

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

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

16. (a) Informant Mrs. Earl Stevens

(b) Address Windsor, Missouri

23. Signature 80 Stratton (M. D. or other)
Address Lincoln Mo Date signed 9-24-47

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 9-26-47

(c) Place: burial or cremation Sunny Side Cemetery
Benton County, MO

18. (a) Signature of funeral director Auston Durall

(b) Address Windsor Missouri

19. (a) 9-29-47 (b) E. S. Eicher
(Date received local registrar) (Registrar's signature)

RECEIVED
DISPATCHED
DISPATCHED
Date filed
10-16-47
9-47-1201
Sheet No. 7

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.....

William M. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed Edwin K. Kuntz.....

Licensed Embalmer No. 3391

P. O. Address Windsor 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.