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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3839
Primary Registration District No. 3000
Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim -Smith Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Cleo Faye Swisher
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Swisher
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 15 (Day) 1905 (Year)

8. AGE: Years 42 Months 5 Days 27 If less than one day hr. min.
9. Birthplace Novinger (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Wallace
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Truitt
15. Birthplace Adair County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Betty Hills
(b) Address Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Novinger Mo
18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Missouri
19. (a) 2-10-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 year 1948 hour 1:00 minute P.M.
21. I hereby certify that I attended the deceased from 26 Dec 1 1947 to Jan 12 1948 that I last saw her alive on Jan 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephritis, hypertensive heart disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J J Skimp (M. D. or other) MD
Address Kirksville, Mo Date signed 1/12/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 26 1942-48 315
Date Filed FEB 16 1948

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 D E E Riley

Licensed Embalmer No. 4141

P. O. Address Kirkville 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.