

FILED APR 9 1948

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 83

1. PLACE OF DEATH:  
 (a) County Missouri Cole  
 (b) City or town Jefferson City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 705 R. E. Miller 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 55 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole 26  
 (c) City or town Jefferson City, Mo. 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 776 R. E. Miller 4  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MIKE SWILLUM  
 (b) If veteran, name war ✓  
 (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Louise Belle Swillum  
 (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased: August 27, 1861  
 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Columbus Ohio. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Bastarder

11. Industry or business Retired

12. Name Andrew Swillum

13. Birthplace Columbus Ohio. 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Lourence Swillum

(b) Address Jefferson City, Mo.

17. (a) burial (b) Date thereof 4/3/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Resurrection

(b) Address Jefferson City, Mo.

19. (a) 4-3-48 (b) R. P. Davis, M.D.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
 year 1948 hour 9 minute A M.  
 21. I hereby certify that I attended the deceased from January 13, 1947 to April 1, 1948  
 that I last saw him alive on April 1, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days  
 Due to arteriosclerosis 3 years  
 Due to Chronic myocarditis 3 years

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 \_\_\_\_\_  
 23. Signature R. P. Davis, M.D. (M. D. or other) M.D.  
 Address Jefferson City, Mo. Date signed 4-2-48

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

26  
 5  
 4

MOTHER FATHER

APR 9 1948

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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..... *Sylvester Dulle*

Licensed Embalmer No. *4221C*

P. O. Address *Jefferson City*

**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.