

FILED APR 24 1948

Registration District No. **47**

Primary Registration District No. **3008**

14  
1  
2

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

1. PLACE OF DEATH:

(a) County Ballaway  
Wueston

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

(c) Name of hospital or institution:  
State Hospital No. 1. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 1 month  
(Specify whether)

In this community same  
years, months or days

3. (a) PRINT FULL NAME AUBREY SWIGER.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M.O

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased: 17 1901  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>1</u>	<u>11</u>	hr. <u>1</u> min.

9. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Pulling station attendant

11. Industry or business

12. Name Samuel Swiger

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Wendy Pilkington

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

MOTHER FATHER

16. (a) Informant Hospital Records

(b) Address W. Hillier (no)

17. (a) Removal (b) Date thereof 4-11-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo

19. (a) 4-11-1948 (b) Josie Moraukhoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike 82

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

(d) Street No. 220 Delaware St.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1948 hour 3.25 minute P. M.

21. I hereby certify that I attended the deceased from Feb-28-47 19\_\_\_\_ to 4-11-48 19\_\_\_\_  
that I last saw h. i. m. alive on 4-11-48 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 137

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(c). Means of injury D

23. Signature A. P. Price (M. D. or other) M. D.  
Address Fulton Mo. (City or town) Ballouville (State) Mo.

Date Filed APR 23 1948  
District File Number

RECEIVED  
District Health Officer No. 9

MAY 9 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 *Grace Bankhead*

Licensed Embalmer No. *2204*

P. O. Address *Bowling Green, 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.