. No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948
Registration District No. 39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12321
Primary Registration District No. 3023
Registrar's No. 99

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 min (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Elizabeth J Swaters
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 5 (Month) 5 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Clarence W Swaters
13. Birthplace Montrose (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Rose Meyer
15. Birthplace Montrose (City, town, or county) Mo (State or foreign country)
16. (a) Informant Clarence W Swaters
(b) Address Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Cem
18. (a) Signature of funeral director Sickman & Dunning
(b) Address Clinton Mo
19. (a) 5-6-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to May 5, 1948; that I last saw her alive on May 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	few minutes
Due to prolonged labor	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy No	

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) No
(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 0
23. Signature S. B. Yughes (M. D. or other) M.D.
Address Clinton, Mo. Date signed 5/6/48

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

RECEIVED
District Health Officer No. 7,
District File Number 4-48-491
Date Filed 5-10-48

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 not embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.