No. 2
—1/47
6-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15161

FILED MAY 7 1948

Registration District No. 237

Primary Registration District No. 4499

Registrar's No. 13

102
2
0

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Bethel
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marilyn Sue Swisher
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
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 September (Month) 3rd (Day) 1947 (Year)

8. AGE: Years | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Shelby county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Baby
11. Industry or business
FATHER
12. Name Laurel Swisher
13. Birthplace Shelby county (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Marjorie Phillips
15. Birthplace Shelby county (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Laurel Swisher
(b) Address Bethel, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Prairie
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Mo.
19. (a) Mar 1-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 7th 1948, to 19 that I last saw her alive on Feb 7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	8 hrs
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 D. L. Harlan M.D. (M. D. or other)
Address Clarence, Mo Date signed 2/11/48

Jefferson City Printing Co. 201 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-786
Date Filed MAY -5 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 C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shillman Md

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.