S. No. 2
—1/47
5-17-39

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

. FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27415

Registration District No. 314 Primary Registration District No. ~~6062~~ 6060 Registrar's No. 52

1. PLACE OF DEATH:
(a) County St. Clair Washington
(b) City or town Osealo - ~~Dade Twp~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Clair 93
(c) City or town Osealo
(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 Delpha Ann Routh
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 Widow 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 20, (Day) 1898 (Year)

8. AGE: Years 50 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Frank Swindler
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizza Haines
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Hambleck
(b) Address Hermansville, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Abler Cemetery
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Missouri
19. (a) 8-23-48 (Date received local registrar) (b) Ruth Sievers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1948 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 25, 1948 to July 8, 1948 that I last saw her alive on July 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	9
Due to Myocarditis —	
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 Ruth Sievers (M. D. or other)
Address Osceola Date signed Aug 8-48

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

RECEIVED
District Health Officer No. 7,
District File Number 7-48-974
Date Filed 8-24-48

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Melvin Cheeren

Licensed Embalmer No. 3272

P. O. Address Stockton 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.