

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

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National Office of Vital Statistics
FILED OCT 25 1948

Registration District No.

Primary Registration District No. 2000

Registrar's No. 912

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns Hosp
(If not in hospital or institution, write street number or location) J
(d) Length of stay: In hospital or institution 2 da. (Specify whether years, months or days)
In this community 2 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Seymour rural 4
(If outside city or town limits, write "RURAL") 1
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nona A. Swearingin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a), Single, widowed, married, divorced Married
6. (b) Name of husband or wife Floyd Swearingin 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased December 16, 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name James S. Philpott

13. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Lee

15. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Swearingin

(b) Address Route 4, Seymour, Missouri

17. (a) Burial (b) Date thereof 10-24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava Missouri

18. (a) Signature of funeral director Clinkingbeard Funeral

(b) Address Ava, Missouri Home

19. (a) 10-23-48 (b) W.L. Handley wid
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10/20/48 19..... to 10/21/48 19..... that I last saw her ER alive on 10/21/48 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 36 hrs.

Due to Hypertension and arteriosclerotic cardio-vascular disease

Due to vascular disease

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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)

White at work?..... (e) Means of injury ✓

23. Signature W.L. Handley (M. D. or other) W.L. Handley

Address Springfield, Mo. Date signed 10/23

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 L. L. Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.