

FILED MAR 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7342

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6159</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Williams)</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Williams)</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 4 Berryville, Ark.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 4 Berryville, Ark.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1950</u>			
3. NAME OF DECEASED (Type or Print) <u>KENNY ROGER SWOFFORD</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 26, 1949</u>	
9. AGE (In years last birthday) Months Days <u>0 2 2</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Berryville, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James A. Swofford</u>		13b. MOTHER'S MAIDEN NAME <u>Honora Meadows</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James A. Swofford</u> <u>Berryville, Ark.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation Woodchuck</u> ANTECEDENT CAUSES <u>Home</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>found</u> <u>69240</u> <u>18</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Wed. noon, Dec. 28, 1950</u> , that I last saw the deceased alive on <u>7</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. I. Cartwright</u>				23b. ADDRESS <u>Berryville, Ark.</u>		23c. DATE SIGNED <u>3-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCallough Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 1-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Nelson</u>		ADDRESS <u>Berryville, Ark.</u>	

RECEIVED MAR 6 1950
District Health Office No. 6,
District File Number 250-214
Date Filed 3-10-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____
Body was not embalmed. Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Ployd R. Winsett
Licensed Embalmer No. 2857

P. O. Address Remyville, Ark.

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.