No. 300
10.48

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20904

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 118

493
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1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 907 S. Orner St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, give location): 907 S. Orner St.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): LAWRENCE
c. (Last): SWAFFORD

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): dovorced 3
8. DATE OF BIRTH: Aug 11, 1888
9. AGE (In years last birthday): 63 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cab driver
10b. KIND OF BUSINESS OR INDUSTRY: taxi co.
11. BIRTHPLACE (City and State or Foreign Country): Vernon County, Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Alfred Swafford
13b. MOTHER'S MAIDEN NAME: Nancy Swafford
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World War I
16. SOCIAL SECURITY NO.: 491-16-9701
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Nellie Simmons, 907 Orner, Carthage

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia Lymphatica — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none other
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 2040
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1951, *to* June 20, 1952, *that I last saw the deceased alive on* June 20, 1952, *and that death occurred at* 3:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: George H. Wood (Degree or title): M D
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 6/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 23 1952
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo.

DATE REC'D BY LOCAL REG.: 6-22-52
REGISTRAR'S SIGNATURE: L B Clinton 139 MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-5-52
Jasper County Health Office

County File Number 52/7/500

Date Filed 7-5-52

OCT 10 1952

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student ..... Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.