

FILED NOV 6 1946

Registration District No. 11

Primary Registration District No. 5041

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural (Flat Creek Sp)
(c) Name of hospital or institution: 1
(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 Barry
(c) City or town Rural (Flat Creek Sp)
(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 FRANCIS SWINDLE

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 widowed

6. (b) Name of husband or wife John Swindle 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased Sept 1 1854
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Texus
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Carson
13. Birthplace Dont know
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Remeth Gordon

(b) Address Galena Mo RPS

17. (a) Remeth Gordon (b) Date thereof Oct 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coarse Cann Cem

18. (a) Signature of funeral director W.C. Koon

(b) Address Cassville, Mo.

19. (a) Oct 31-1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1946 hour 5 minute 15 A M.

21. I hereby certify that I attended the deceased from 1945 that I last saw her alive on May 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage -
Due to arterio Sclerosis 2 yrs

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83A
Of autopsy _____

PHYSICIAN _____ Underline the cause to 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? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature H.S. Shumate (M. D. or other) _____
Address Reeds Spring Mo Date signed 10/11/46

RECEIVED

District Health Officer No. 6,

District File Number 1146-1106

Date Filed NOV 6 1946

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.....

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.