

FILED *25 16 1946*

Registration District No. *257*

Primary Registration District No. *5796*

Registrar's No.

1. PLACE OF DEATH:
 (a) County Moniteau Co.
 (b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
California, Mo. Rt #4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau *68*
 (c) City or town Rural *0*
(If outside city or town limits, write "RURAL")
 (d) Street No. California, Mo. Rt #4 *0*
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Worn Swearingen
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 17 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 1
 year 1946 hour 4 minute _____ P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 10 14 hr. _____ min.
 9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Immediate cause of death Cerebral Hemorrhage
 Due to arterial Hypertension
 Due to arterio Sclerosis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name WM Swearingen
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Cross
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant H. G. Swearingen
 (b) Address California Mo
 17. (a) Burial (b) Date thereof July 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sweet Water Cemt.
 18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo.
 19. (a) 7-5-46 (b) H.R. Poppey
(Date received local registrar) (Registrar's signature)

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 3
 23. Signature H. H. Hume M.D. Coroner
(M. D. or other)
 Address Upton Mo. Date signed 7/2/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address Wisconsin, 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.