

FILED OCT 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32606

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 5769 Registered No. 53
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Ann Swearingen
 (a) Residence, No. Moniteau County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 19405A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Swearingen22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1940, to Sept. 8, 1940I last saw him alive on Sept. 6, 1940 Death is said to have occurred on the date stated above, at 5 P. m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1865

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 75 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.Arteriosclerosis

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year) 3. 1940 11. Total time (years) spent in this occupation 97

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME William Ash14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas15. MAIDEN NAME Mary Burney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT (ADDRESS) H. G. Swearingen18. BURIAL PLACE Sweet Water Cemt DATE Sept. 10, 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Bowlin Funeral Home
California, Mo.20. FILED 9-10-1940 H. G. Poppey Local Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) H. G. Swearingen M. D.(Address) California

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 *Earl R. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California*

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, above space should be left blank.