

FILED JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18454

Registration District No. 571

Primary Registration District No. 4835

Registrar's No. 28

1. PLACE OF DEATH:

(a) County. Moniteau, Co.
(b) City or town. California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(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 79 Yrs
(Specify whether years, months or days)
In this community 79 Yrs
years, months or days

3. (a) PRINT FULL NAME. Kate Julia Swanson

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. None years

7. Birth date of deceased. June 8 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 24 If less than one day hr. min.

9. Birthplace. Missouri 0 up
(City, town, or county) (State or foreign country)

10. Usual occupation. None Only In Home

11. Industry or business.

12. Name. George W. Swanson

13. Birthplace. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name. Sarah Brennen

15. Birthplace. Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant. Geo. Swanson

(b) Address. 3437 W. Wabasha St. St. Louis

17. (a) Burial (b) Date thereof. May 4. 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Masonic Cent.

18. (a) Signature of funeral director. Bowlin Funeral Home

(b) Address. California, Mo.

19. (a) 5-3-41 (b) A.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Moniteau LX
(c) City or town. California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Buchanan St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 1941 hour 9 minute 51 M.

21. I hereby certify that I attended the deceased from 4-24- 1941, to 5-2- 1941;
that I last saw her alive on 5-1- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute nephritis
Cause unknown

Due to.

Due to.

Other conditions. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy. 200

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?

504 (Specify type of place)
While at work? (e) Means of injury.

23. Signature. A.R. Popejoy (M. D. or other)

Address. California Mo Date signed 5-4-41

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

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, fact should be so stated above.