

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 165

1. PLACE OF DEATH:

(a) County. Cole Co
(b) City or town. Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 WK
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Charles S. 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. Dec 17 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 29 hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.....

12. Name. William Swearingen

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

14. Maiden name. Elizabeth Cross

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

16. (a) Informant. Mrs Archie Higgins
(b) Address. Centertown, Mo. Rt.

17. (a) Burial (b) Date thereof. July 24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New Hope, Cent.

18. (a) Signature of funeral director. Carl Swanson Funeral Home

(b) Address. California, Mo.

19. (a) 7-23-47 (b) R.P. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cole
(c) City or town. Centertown, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rt
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day. 23
year. 1947 hour. 4 minute. A.M.

21. I hereby certify that I attended the deceased from July 15
1947 to July 25 1947
that I last saw him alive on July 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial infarction
cardiovascular disease

Due to.....
Due to.....

Other conditions. Sanguine et
(include pregnancy within 3 months of death)
leg. arteriosclerosis

Major findings: Of operations. amputation of
leg. (upper third)

Of autopsy.....

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. Archie Higgins (M. D. or other)
Address. Jefferson City, Mo Date signed. 7-23-47

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

MOTHER FATHER

26
5
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/22/47

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 California, 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.