

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

File No. 17637

Registration District No. 211 Primary Registration District No. 5291 Registrar's No. 9

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Rural, Marion  
(c) Name of hospital or institution: Centertown, Mo., R.F.D. #2  
(d) Length of stay: In hospital or institution 79 Yrs  
In this community 79 Yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Rural  
(d) Street No. Centertown, Mo., R.F.D. #2  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Mary E. Swearingen  
3. (b) If veteran, name war  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13 year 1941 hour 10 minute 15A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Swearingen  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Dec 17 1861

21. I hereby certify that I attended the deceased from July 8 1937 to May 13 1941 that I last saw her alive on May 11 1941 and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Colitis  
Duration 7

8. AGE: Years 79 Months 4 Days 26 If less than one day hr. min.

Due to 1200  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

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

10. Usual occupation House Wife

11. Industry or business

12. Name James M Hobbs

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

14. Maiden name Lucy Griffin (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Bessie Dearing

(b) Address M. Jamestown Mo

17. (a) Burial (b) Date thereof May 14 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem.

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

(b) Address California, Mo

19. (a) 5-14-41 (b) Ruth Mahan (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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1946 (Specify type of place) While at work (e) Means of injury  
23. Signature J. G. Murrell (M. D. or other) Address Eldon, Mo. Date signed 5/14/41

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

6606

**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, *Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**