

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rear 525 West High Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 6 months  
years, months or days)

3. (a) PRINT FULL NAME Bascum Gale Swinney

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife Effie Swinney 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 28th 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 14 hr. min.

9. Birthplace Moniteau County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Verle Swinney  
13. Birthplace Moniteau County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis B Swinney  
(b) Address Jefferson City, Missouri  
17. (a) Burial (b) Date thereof Dec-14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louis, Missouri  
18. (a) Signature of funeral director Shap J Gordon  
(b) Address Jefferson City, Missouri  
19. (a) 12-12-41 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

874

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rear 525 West High Street  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13  
year 1941 hour 9 minute a.m.

21. I hereby certify that I attended the deceased once  
11/25/41, 1941,  
that I last saw him live on 11/25/41, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis  
Due to hypertension

Other conditions hypertensive heart disease  
(Include pregnancy within 6 months of death)

Major findings: Of operations No  
Of autopsy No 94a

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W.H. Ranbo (M.D. or other).....  
Address Jefferson City, Mo Date signed 2-12-41

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

6  
5  
4

Coroner of Cole co. consulted and  
his permission obtained to sign this  
certificate of death,

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**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 *Louis Quert*

Licensed Embalmer No. *4096*

P. O. Address *Jefferson City*

**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.**