

FILED OCT 9 1944

Registration District No.

Primary Registration District No.

30465796

Registrar's No. 201

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Moniteau County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Clarksburg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John T. SWINNEY
(b) If veteran..... (c) Social Security name war..... No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 26
year 1944 hour 4 minute..... A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife..... (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from July 1944 to Sept 26 1944, and that I last saw him alive on Sept 24 1944, and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan (Month) 15 (Day) 1853 (Year)
8. AGE: Years 89 Months 8 Days 11 If less than one day hr. min.

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

9. Birthplace Moniteau Mo. (City, town, or county) (State or foreign country)
10. Usual occupation farmer

MOTHER, FATHER { 11. Industry or business.....
12. Name James Swinney
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Martha Esray
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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.....

16. (a) Informant A. F. Kunkler
(b) Address Rt. 4, California, Mo.
(c) Place: burial or cremation Mt. Zion Cemetery
18. (a) Signature of funeral director A. E. Wilson
(b) Address California, Mo.
19. (a) 9-26-44 (Date received local registrar) (b) A. J. Alled (Registrar's signature)

23. Signature Kerryn Atham (M. D. or other)
Address California, Mo. Date signed 9-26-44

1312

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-6-44

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.....

A. E. Wilson

Licensed Embalmer No. 2351

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.