

FILED NOV 14 1945

Registration District No. 77

Primary Registration District No. 3016

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: 525 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME James L. Swearingen

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 26 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad Employee

11. Industry or business Mo. Pacific

MOTHER FATHER { 12. Name Thomas J. Swearingen
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Katharine Wells
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothy Swearingen
(b) Address 525 Madison

17. (a) Buried (b) Date thereof Oct 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centerton, Mo.

18. (a) Signature of funeral director James Service

(b) Address 702 Jefferson

19. (a) 11-5-45 (b) R. P. Darro md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1945 hour 12 minutes 50 A.M.

I hereby certify that I attended the deceased from about
Oct 24 to Oct 27, 1945
that I last saw him alive on Oct 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Duration 1 yr
Due to arteriosclerosis

Due to _____
Other conditions Coronary atherosclerosis
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 99
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)
(2) Means of injury _____

23. Signature R. P. Darro md (M. D. or other) md
Address 626 Jefferson Date signed 10-29-45

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-12-45

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 *Sydney Riddle*

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.