

Registration District No. ABG 4, 1945 Primary Registration District No. 8046

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

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
304 West Patrick St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
Life

In this community _____ years, months or days

3. (a) PRINT FULL NAME Maggio May Sweringin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

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: Oct 6 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Asa Posten

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

14. Maiden name Mary M. Hamby

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

16. (a) Informant Maggio Sweringin

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 30.45
(Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cent. Bowlin Funeral Home

18. (a) Signature of funeral director _____

(b) Address California, Mo.

19. (a) 7-30-45 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 304 West Patrick St.
(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 29
year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 6, 1945, to July 29, 1945; that I last saw her alive on July 29, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to Hypertensive Cardiovascular disease.

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration _____

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 Edgar A. Hibbs (M. D. or other) _____

Address California Date signed 7/30/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

8-7-45

NOV 26 1945

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 Calistoga, Me.....

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.