

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1945

Primary Registration District No. 3010

Registrar's No. 264

1. PLACE OF BIRTH:
(a) County Cape Girardeau
(b) City or town "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 15 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME CHARLES C SWAN

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 widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Jan 3 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Swan

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

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

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

16. (a) Informant Sloan Carter

(b) Address Cape Girardeau Mo

17. (a) Buried (b) Date thereof 8-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Cemetery

18. (a) Signature of funeral director Joe S. Howard

(b) Address Cape Girardeau Mo

19. (a) 8-27-45 (b) F. J. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. 541 So. Middle (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1945 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 4 1945 to Aug 16 1945
that I last saw him alive on Aug 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 13 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gsw

Of autopsy

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?

(Specify type of place)

While at work? (c) Means of injury

23. Signature Ernest Blacker (M. D. or other)

Address Cape Girardeau Mo Date signed 8/17/45

RECEIVED

District Health Officer No. 4
District File Number 945-1080
Date Filed 9-8-45

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

Joe Howell

Licensed Embalmer No. 3390

P. O. Address Cape

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.