

FILED FEB 23 1946
Registration District No. 1004

Primary Registration District No. 6133

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Newton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101
(c) City or town rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? X (Yes or No) 0
If yes, name country _____ X

3. (a) PRINT FULL NAME

Margaret Swiney

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James M Swiney
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 26 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1946 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov 1946 to Jan 1947
that I last saw her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Duration

year

8. AGE: Years 78 Months 5 Days 25
If less than one day
hr. _____ min _____

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER

12. Name I J Chrisco
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hart
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pam Swiney
(b) Address Gladon Mo
17. (a) burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christ the King
18. (a) Signature of funeral director Christ the King
(b) Address Salem Mo
19. (a) 1-14-47 (b) Shirley Green
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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, or farm, or industrial place, or public place? _____

While at work _____

23. Signature Shirley Green (M. D. or other) _____
Address _____ Date signed 1-21-47

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

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

[Handwritten signature: J. E. Embalmer]

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.