

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27900

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 3211
(c) City Kansas City, Mo. (d) Street No. 2308 East 11st St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Roselma D. Swain 500

(a) Residence, No. 2308 E 11st St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R.D. Swain</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1846</u>			
7. AGE YEARS <u>92</u>	MONTHS <u>9</u>	DAYS <u>23</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>			
FATHER	13. NAME <u>Isaac Bates</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>		
MOTHER	15. MAIDEN NAME <u>Elizabeth Pepper</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>		
17. INFORMANT <u>R. K. Swain</u> (ADDRESS) <u>4033 Montball, K.C. Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill Cem.</u> DATE <u>8-14-38</u>			
19. FUNERAL DIRECTOR (NAME) <u>C.H. Blackman & Son, Inc</u> (ADDRESS) <u>2825 Indep. Blvd. K.C. Mo.</u>			
20. FILED <u>Aug 12 1938</u> <u>M. M. Brown</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11-38 1938

22. I HEREBY CERTIFY, That I attended deceased from
Aug 10 1938, to Aug 11 1938
I last saw h. alive on Aug 10 1938 Death is said
to have occurred on the date stated above, at 11PM m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 8-10-38
g201

Other contributory causes of importance:
Arterio Sclerosis about 10 yrs

Name of operation..... Date of.....
What test confirmed diagnosis? Thrombosis Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Harold B. Clark M. D.
(Signed) Harold B. Clark M. D.
(Address) 732. Realeo Bldg

Dr. Harold Clark,
Rialto, N.J.

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.....

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, above space should be left blank.