

REC'D MAR 9 1939

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

5306  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 4121 Charlotte St. 505  
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Swanson

(a) Residence, No. 4121 Charlotte 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter A. Swanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 1866

7. AGE YEARS 72 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Sweden

13. NAME Issac Walter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Peter A. Swanson  
(ADDRESS) 4121 Charlotte Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 2-7-39

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
(ADDRESS) Kansas City Missouri

20. FILED 2/6 1939 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939 to Feb 3, 1939  
I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 90 m.

The principal cause of death and related causes of importance were as follows:

Valvular heart lesion  
92W  
Date of onset 2-1-39

Other contributory causes of importance:

Coronary atherosclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis? None Was there an autopsy? no

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? no  
If so, specify.....

(Signed) Charles J. Brown, M. D.  
(Address) 507 Commerce Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*Elmer C. Widelin*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision

Signed

*Elmer C. Widelin*

Licensed Embalmer No. *3495*

P. O. Address

*Kansas 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, above space should be left blank.**