

**AUG 14 10 13 39**  
Registration District No.                     

Primary Registration District No. 1002

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community # 30 Years  
years, months or days)

8. (a) PRINT <sup>MRS</sup> FULL NAME GERTRUDE SWANSON 525  
8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gustave A. Swanson 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased December 21, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>21</u>	hr. <u>          </u> min. <u>          </u>

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

10. Usual occupation Housewife 7

11. Industry or business At Home

MOTHER FATHER { 12. Name John Hulter 7  
18. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Smith  
15. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Gustave Swanson  
(b) Address 3124 Euclid

17. (a) Cremation (b) Date thereof July 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation D. W. Newcomer's sons

18. (a) Signature of funeral director D. W. Newcomer  
(b) Address 1401 Bush Creek Rd

19. (a) July 14, 1940 (Date received local registrar)  
M. M. Crow (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

0  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3124 Euclid  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?                      years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 12th  
year 1940 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 6-24-40, 19          , to 7-12-40, 19          ;  
that I last saw him alive on 7-12-40, 19          ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion due to manic depressive psychosis

Due to 84  
Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings:                       
Of operations:                       
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?                     

(Specify type of place) While at work?                       
(a) Means of injury                       
23. Signature D. W. Newcomer  
Med. Dir. K.C. Gen. Hospital (M. D. or other)                       
Address                      Date signed                     

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.

Signed *A. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *A. C. Newcomer Jr.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**. If this body is not embalmed, above space should be left blank.**