

FILED JAN 8 1940
1939

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **4693**

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
Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 917 1/2 East 15th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT

FULL NAME Mr. Verne Swan (Vernie)
3. (c) Social Security No. 486-03-424
8. (b) If veteran, name war None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1940 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Marie G. Swan 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased October 7 1901
(Month) (Day) (Year)

Due to Acute Nephritis Toxic
Due to Exacerbated Hypertension
Other conditions (Include pregnancy within 3 months of death) 163

8. AGE: Years 39 Months 1 Days 30 If less than one day _____ hr. _____ min.

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation TRUCK DRIVER

11. Industry or business 541 - Local

12. Name Benjamin Swan

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

14. Maiden name Ida Gannon

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

16. (a) Informant Marie G. Swan

(b) Address 917 1/2 E. 15th

17. (a) Burial (b) Date thereof Dec. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer Lou

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-9-40 (b) M. M. Brown
(Date of local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 12-26-40
(c) Where did injury occur? at Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Russell W. Best (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

4-11-40

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. 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.