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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6044**

FILED MAR 14 1941

Registration District No. **2199**

Primary Registration District No. **1002**

Registrar's No. **816**

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:  
2027 Monroe  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 30 Years  
years, months or days)

3. (a) PRINT FULL NAME Stella Swain

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Orvil W. Swain

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 7, 1880  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {

12. Name J. E. Keller

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

14. Maiden name Sarah Adelaide

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

16. (a) Informant Harold Mc Carty

(b) Address 2027 Monroe

17. (a) Burial (b) Date thereof Feb. 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K. C. K.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) 2/25/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2027 Monroe (If rural, give location)

(e) If foreign born, how long in U. S. A.? 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Febr.  
year 1941 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Febr 18 - 1941  
\_\_\_\_\_ 19\_\_\_\_ to Febr 24, 1941  
that I last saw her alive on Febr 24, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Increased Regurgitation

Due to General Dilatation of Heart

Due to Malnutrition

Other conditions (Include pregnancy within 3 months of death) 92D

Major findings: Of operations 92H

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, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury D

23. Signature E. H. Peilinger (M. D. or other) \_\_\_\_\_

Address 520 Argyle Park Ave. Mo. 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 me

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

Signed J. Clair Sheppard  
Licensed Embalmer No. 4179  
P. O. Address K E 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, fact should be so stated above.**