No. 2
1-4-41
-17-39
X2639

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24359

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1602

Registrar's No. 2898

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

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.Gen.Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 1 day (Specify whether years, months or days)

In this community Since 1926 0

2. USUAL RESIDENCE OF DEACESED: 049

(a) State: Missouri (b) County: Jackson 5

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 701 Westport Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Antone Swanson

3. (b) If veteran, name war: None

3. (c) Social Security No. 487-05-9116

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Alma Swanson

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: April (Month) 11 (Day) 1888 (Year)

8. AGE: Years 53 Months 3 Days 18 If less than one day hr. min.

9. Birthplace: Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Painting

11. Industry or business:

FATHER
12. Name: Not Known
13. Birthplace: Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Sweden (City, town, or country) 4 (State or foreign country)

16. (a) Informant: Ruby Swanson.
(b) Address: 701 Westport Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: R.U. Lindsey & Son
(b) Address: 3811 Broadway

19. (a) 7-31-41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1941 hour 5 minute 57 P. M.

21. I hereby certify that I attended the deceased from 6-28-41, 19__, to 7-29-41, 19__; that I last saw him alive on 7-29-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pancreatic fat necrosis

Due to: Biliary cirrhosis of liver

Due to: 1144 R1 1544 R1

Other conditions (Include pregnancy within 3 months of death): 1244

Major findings:
Of operations:

Of autopsy: See above

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? (e) Means of injury

23. Signature: Henry R. Shore (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed

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. Leon O. Stewart

Licensed Embalmer No. 4177

P. O. Address Kansas City, M

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

If this body is not embalmed, fact should be so stated above.