

FILED MAY 14 1942

Registration District No.

Primary Registration District No. 2062

Registrar's No. 47176

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Mo.
(c) Name of hospital or institution: Joplin Primary
(d) Length of stay: In hospital or institution 7 days
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 4171
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EDWARD SWANSON

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 2 1884

8. AGE: Years 58 Months 8 Days 36 If less than one day hr. min.

9. Birthplace Windsor, N. Dakota

10. Usual occupation Painter

11. Industry or business no record

12. Name no record

13. Birthplace " " (State or foreign country)

14. Maiden name " " (State or foreign country)

15. Birthplace " " (State or foreign country)

16. (a) Informant Mrs Anna Larsen

(b) Address San Diego - Calif -

17. (a) Burial (b) Date thereof 5-8-42

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo
19. (a) 4-30-42 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26 year 1942 hour 8:00 minute A.M.

21. I hereby certify that I attended the deceased from.....
that I last saw him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to.....
Due to.....

Other conditions Jaundice 3 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations 946
Of autopsy.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury.....
23. Signature R. H. Webster (M. D. or other) Date signed Apr 27 1942

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

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424-427

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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 Cecilia Thomhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.