S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17189
Registrar's No. 2186

Registration District No. 399 Primary Registration District No. 1002

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

48
3
8

**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: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 22 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. La Salle Hotel, 922 Linwood Blvd. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. John Edwards SWARTZ
3. (b) If veteran, name war 1st World
3. (c) Social Security No. 486-03-5315
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Div.
6. (b) Name of husband or wife Mrs Lucile Swartz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 28 (Month) 1885 (Day) (Year)

8. AGE: Years 56 Months 5 Days 2 If less than one day hr. min.

9. Birthplace St Joseph Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Sales Representative
11. Industry or business M. K. Goetz Brewery Company
FATHER
12. Name Joseph Swartz 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Elizabeth Stein
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs Arthur Wm Swartz
(b) Address Memphis Tenn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director O. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 6-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30th
year 1942 hour 9 minute 41 P.M.
21. I hereby certify that I attended the deceased from May 27, 1942 to May 30, 1942
that I last saw him alive on May 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrillation
Due to Anterior Coronary Occlusion
Due to 94a
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 0
23. Signature [signature] (M. D. or other) M. D.
Address 1408 Waldheim Bldg. Date signed 6-1-42

561 (Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Merritt Keter
1408 Waldheim Bld
1:30 p.m.

Monday

**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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address KC 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.**