

FILED FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

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:
ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME LUCRETIA BARNARD SWAIN
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 15 hr. min.

9. Birthplace LOUISVILLE KY
(City, town, or county) (State of foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name ALBERT F. SWAIN
13. Birthplace OHIO
(City, town, or county) (State or foreign country)

14. Maiden name LAURA RUST
15. Birthplace KY
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Swain
(b) Address R.P.O. Hickman Mills Mo
17. (a) BURIAL (b) Date thereof FEB 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL, K.C. MO.
18. (a) Signature of funeral director E. H. Seaman
(b) Address _____
19. (a) 2-8-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town R.F.D. HICKMAN MILLS
(If outside city or town limits, write "RURAL")
(d) Street No. N.W. HICKMAN MILLS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7
year 43 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb-2 1943 to Feb-7 1943
that I last saw her alive on Feb-6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho Pneumonia
Due to _____
Influenza
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature H. P. Boylston (M.D.)
Address K.C. Mo. Date signed 2/9/43

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.....

A. K. George

Licensed Embalmer No.....

3645

P. O. Address.....

Grandview, 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.