

No. 2
8-43
17-39
X37823

FILED JUN 22 1944
Registration District No. 1789

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:
Research Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 1 1/2 years years, months or days)

3. (a) PRINT FULL NAME Jesse Ernest Swayze,

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christine C. Swayze 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased April 4 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 5 hr. min.

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER

12. Name Wesley Swayze,

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

14. Maiden name Adelphia Williams

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

16. (a) Informant John Cameron Swayze,

(b) Address 2653 Brookridge, Mission, Kansas.

17. (a) Burial (b) Date thereof 6-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-9-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Mission 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2653 Brookridge,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1944 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from June 4, 1944, to June 9, 1944
that I last saw him alive on June 8, 1944
and that death occurred on the date and hour stated above.

Immediate Cause of death
1. Bronchial asthma Duration 4 B
Cardiac stops 1.4 V
Due to enlarged heart failure 1 mo
2. Bronchoectasis
Due to Carmey heart disease

Other conditions. (Include pregnancy within 3 months of death)

Major findings: 95C
Of operations
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?

While at work? (Specify type of place) (e) Cause of injury 0

23. Signature H. E. Brown (M. D. or other) 1
Address 820 Prof Bldg Date signed 6/9/44

Dr. R. C. Davis

Proof

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 *John H. Hurley*

Licensed Embalmer No. *04050*

P. O. Address *Kansas City 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.