

S. No. 2  
M-3-43  
v. 5-17-39  
X37823

19708

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2710

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3009 W Wheeling  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 15 years  
In this community 15 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Jackson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3009 W Wheeling  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George P. W. Swanson

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 487-09-4205

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Olga 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased May 1 1911  
(Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Parts Dept Oldsmobile & Chevols

11. Industry or business \_\_\_\_\_

12. Name Werner Swanson

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

14. Maiden name Olma Sping

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

16. (a) Informant Mrs Olga Swanson

(b) Address 3009 W Wheeling

17. (a) Burial (b) Date thereof 6/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Brown-Mayberry  
(b) Address 2315 Lenwood

19. (a) 6-26-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 1945 hour 12:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 1911 to 1945 and that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Primary disease  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations \_\_\_\_\_  
Of autopsy no permit  
History & Inspection

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 James Walker (M. D. or other) James  
Address 1424 1/2 1st St Date signed 6-25-45

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

SEP 18 1945

AUG 23 1945

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.....

*Roy E Snow*

Licensed Embalmer No. *2560*

P. O. Address *2315 Linnwood*

**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.**