

FILED JUL 17 1945

Registration District No. 72

Primary Registration District No. 1600

Registrar's No. 740

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Duncan Nursing Home 4723 South 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 102 North 2nd 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Elijah Swinney

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Mary C. Swinney 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased March 14 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 25 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name William Swinney

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

14. Maiden name Dorothy Phebus

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

16. (a) Informant Mrs. Nora Sandy

(b) Address 3822 Frederick Ave.

17. (a) burial (b) Date thereof 7/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Beale & Bowman

(b) Address 319 South 10th

19. (a) 7/11/45 (b) Delen Beale
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 9
year 1945 hour 6 minute 30P M.

21. I hereby certify that I attended the deceased from June 16, 1945 to July 9, 1945
that I last saw him alive on July 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 6 wks.
Due to Arterial Sclerosis 10 yrs.
Due to Senile Dementia 3 mo.

Other conditions _____
(Include pregnancy within 3 months of death) N

Major findings: Of operations 7/15
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) Means of injury 7
23. Sign Charles H. Werner (M. D. or other) _____
Address 221 Kirkpatrick Bldg. Date signed 7/10

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

Dr. C. W. Warner
White Sulphur Springs

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 *Edward A. Downing*

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.