

FILED JAN 8 1946
Registration District No. 42

Primary Registration District No. 1000

State File No. 1403
Registrar's No.

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:
 Walker Rest Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 days
 (Specify whether
 In this community life
 years, months or days)

3. (a) PRINT FULL NAME James Edward 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 Ethel Swinney 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased July 9 1883
 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 14 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation retired railroad man

11. Industry or business Great Western

12. Name Elijah Swinney

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

14. Maiden name Mary C. Montrey

15. Birthplace St. Louis Missouri /
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Sandy

(b) Address 3922 Frederick

17. (a) burial (b) Date thereof 12/24/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Belle & Bauman

(b) Address 319 So. 10th

19. (a) Jan 2-1946 (b) [Signature] (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2023 Savannah Av. e 7
 (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
 year 1945 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct. 15
 1944 to Dec 23 1945
 that I last saw him alive on Dec 22 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Chr. Myocarditis
 Duration 2 yrs.

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 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?

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

23. Signature Olliver H. M. M.D. (M. D. or other)
 Address 707 1/2 Main St. St. Joseph, Mo. Date signed 12/24/45

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

MOTHER FATHER

1428

Dr. Albert W. Muesel
Phys & Surg. Bldg.
2-3252

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 23 Dec 46
....., Registered Apprentice No. 1
working under my personal supervision.

Signed Howard Bowman
Licensed Embalmer No. 3619
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.