

S. No. 2  
M-8-43  
5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1806

FILED JAN 24 1946  
Registration District No.

Primary Registration District No. 1002

Registrar's No. 5474

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mrs Lattie Swenson

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

4. Sex 7 / 5. Color or race W.  
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Sam Swenson  
6. (c) Age of husband or wife if alive 1:59 1/2 years

7. Birth date of deceased March 11 1886  
(Month) (Day) (Year)

8. AGE: 59 Years 9 Months 20 Days  
If less than one day hr. min.

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

10. Usual occupation house

11. Industry or business

12. Name John Pierson

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

14. Maiden name unknown  
15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Osteopathic Hospital  
(b) Address 112 Harrison, K.C., Mo.

17. (a) Removal (b) Date thereof 12-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage City, Mo.  
18. (a) Signature of funeral director Martin W. Gye  
(b) Address Osage, Kansas

19. (a) 12-31-45 (b) M. A. Harding  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1945 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Nov. 1, 1945 to Dec. 31, 1945  
and that death occurred on the date and hour stated above.  
that I last saw her alive on Dec 31 1945

Immediate cause of death acute uremia  
Due to Renal abscess

Due to  
Other conditions diabetes  
(Include pregnancy within 3 months of death)

Major findings: Left kidney abscessed  
Of autopsy none  
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) (c) Means of injury 2

23. Signature Margaret Jones (M.D. or other) M.D.  
Address 3839 E. St. K.C. 2 Date signed 12-31-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100400

**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 *Martin W. Fyfe*.....

Licensed Embalmer No. *3615*.....

P. O. Address *Clath Kansas*.....

**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.**