

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED SEP 3 1946

Registration District No. 42

Primary Registration District No. 1000

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:
325 1/2 Edmond St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: 40 Years (Specify whether years, months or days)

In this community _____

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. 325 1/2 Edmond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie Swickard

3. (b) If veteran, name war no

3. (c) Social Security No. 500-10-4739

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1946 hour 1 minute 12 P.M.

21. I hereby certify that I attended the deceased from Aug 19 1946 to Aug 24 1946
that I last saw him alive on Aug 22 1946
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Arline

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 27 1877
(Month) (Day) (Year)

Immediate cause of death Pulmonary T.B.

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace Clay County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER FATHER {

12. Name A.P. Swickard

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

14. Maiden name Jane Not known
(City, town, or county) (State or foreign country)

15. Birthplace Not known
(City, town, or county) (State or foreign country)

Major findings:
Of operations ✓

Of autopsy ✓

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lucy Walters

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 8-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Fleeman & Son inc.

(b) Address St Joseph, Mo.

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

19. (a) Aug. 31, 1946 (b) H. J. Neithaus
(Date received local registrar) (Registrar's signature)

23. Signature H. J. Neithaus (M. D. or other) _____
Address 1221 1/2 St Date signed 9-27-46

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

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 Approver~~.....

working under my personal supervision.

Signed.....

Robert H. Apple

Licensed Embalmer No. 3308.....

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.