

S. No. 2  
 1-12-45  
 5-17-39  
 PI X47070

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
 BUREAU OF THE CENSUS  
**FILED OCT 14 1946 STANDARD CERTIFICATE OF DEATH**

30484

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

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4136

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: 3748 Wayne /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
Life (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5748 Wayne 5  
 (If rural, give location)  
 (e) Citizen of foreign country? No 0  
 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALFRED SWAIN  
 3. (b) If veteran, No name war \_\_\_\_\_  
 3. (c) Social Security No. 486-07-6273

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 29  
 year 1946 hour 9: minute 30 A.M.

4. Sex Male 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Josephine M. Swain  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased September 13 1884  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 10  
1946 to Sept 29 1946  
 that I last saw him alive on Sept 25 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 0 16 hr. min.

Immediate cause of death? Coronary Thrombosis  
 Due to Valvular Heart Lesion  
 Due to Chronic Arteriosclerosis 1 year  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 92 J  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Kansas City Mo. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Manager Fletcher-Cowherd Co.

11. Industry or business \_\_\_\_\_  
 12. Name Alfred Swain  
 13. Birthplace Kansas City Mo. 0  
 (City, town, or county) (State or foreign country)  
 14. Maiden name HANNA Brien  
 15. Birthplace Shawnee Kansas 1  
 (City, town, or county) (State or foreign country)

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 0

16. (a) Informant Mrs. Alfred Swain  
 (b) Address 3748 Wayne

17. (a) Burial (b) Date thereof Oct 2, 46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J.W. Wagner  
 (b) Address Kansas City, Mo.

19. (a) 9-30-46 (b) Heraldine Holman  
 (Date received local registrar) (Registrar's signature)

23. Signature Carl Johnson (M. D. or other) \_\_\_\_\_  
 Address 1103 Cedar St Date signed 9-30-46

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

MOTHER FATHER

1101 E. Winwood  
W.F. 4193

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**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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.**