S. No. 2
—12-45
5-17-39
>I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9440
Registrar's No. 1257

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: General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 4009 Brooklyn (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Nettie Lea SWAYZE
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: George L. Swayze
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: September (Month) 30, (Day) 1888 (Year)

8. AGE: Years 58 | Months 5 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: Grand Island, (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
FATHER
12. Name: Edward Evans
13. Birthplace: Unknown (City, town, or county) Indianna (State or foreign country)
MOTHER
14. Maiden name: Margaret Smith
15. Birthplace: Memphis (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Mr. George L. Swayze
(b) Address: 4009 Brooklyn, K. C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mountain Grove, Mo.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 3-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1947 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 14, 1947 to March 16, 1947 that I last saw her alive on March 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis with encephalomalacia-Arteriosclerotic heart disease	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93 d	
Major findings: Of operations:	
Of autopsy: See above	

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) 0
While at work? (e) Means of injury:
23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 3-17-47

(Licensed Embalmer's Statement on Reverse Side)

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: Russell N. Fran

Licensed Embalmer No. 4255

P. O. Address K. C. M

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.