

FILED APR 1 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1258

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

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:
5940 ROCKHILL ROAD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 9. = 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5940 ROCKHILL ROAD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ALICE M. SWEARINGEN

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 MR. BIRD L. SWEARINGEN
6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased August 10 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 6
If less than one day hr. _____ min. _____

9. Birthplace GEORGETOWN KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name _____ 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bird L. Swearengen

(b) Address 5940 Rockhill Road

17. (a) Burial (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. W. Newberry, Sr.

(b) Address 1401 E. Wash, Oak Bluff

19. (a) 3-18-47 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16TH
year 1947 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3/11 1947, to 3/16 1947
and that I last saw her alive on 3/16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 6 Days
Due to arterio sclerosis 3ym.

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? _____

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

23. Signature H. S. Prentiss (M. D. or other) _____
Address 900 Realto Bldg Date signed 3/17/47

900 Hualto Body
12-3

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address KC. 3, 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.