

No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13695

State File No. _____

FILED APR 23 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1633

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 das.
In this community unknown (Specify whether 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. 1802 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Leonard Swan

3. (b) If veteran, name war no 3. (c) Social Security No. 496-07-3573

20. DATE OF DEATH: Month April day 6 year 1947 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from 1947 to 1947 that I last saw him alive on April 6 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 9 1884
(Month) (Day) (Year)

Immediate cause of death: Arterio-sclerotic Heart Disease
Due to: Generalized Arterio-sclerosis

8. AGE: Years Months Days If less than one day
62 7 27 hr. min.

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

10. Usual occupation: Cook (cafe)

11. Industry or business _____

12. Name: Flem Swan

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

14. Maiden name: Harriet McCoy

15. Birthplace: Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant: Henry Alexander

(b) Address: 1802 Harrison

17. (a) Burial (b) Date thereof: April 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery, K.C., Mo.

18. (a) Signature of funeral director: Fannie J. Mc...

(b) Address: 1708 E. 7th St. K.C. Mo.

19. (a) 4-9-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: 932
Of autopsy: _____

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) While at work _____ (e) Means of injury _____

23. Signature: Frank ... (M. D. or other) _____
Address: 600 E. 22d Date signed: 4/6/47

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

48
3
8
0

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

MOTHER FATHER

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 Fannie L. Muck

Licensed Embalmer No. 3818

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.