S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38457

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4984

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 28 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1119 E. 8 St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Melvin Swearingen
3. (b) If veteran, name war: No
3. (c) Social Security No.: 500-22-0583
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Grace Swearingen
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: February (Month) 26th. (Day) 1882 (Year)

8. AGE: Years 65 | Months 8 | Days 29 | If less than one day: hr. min.

9. Birthplace: Kirksville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: Jack Swearingen 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Nancy Bishop
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9 1
16. (a) Informant: Mrs. Grace Swearingen
(b) Address: 1119 East 8th. Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Brooking Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.
19. (a) 11-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov. day: 25 year: 1947 hour: 7 minute: 30 A. M.
21. I hereby certify that I attended the deceased from Nov. 15, 1947 to Nov. 25, 1947 that I last saw him alive on Nov. 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 92	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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)
Address: Med. Dir. Gen'l Hosp. Date signed: 11-25-47

Jefferson City Printing Co.

(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 Walter H. Erwin

Licensed Embalmer No. 4352

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.