

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8990  
Registrar's No. 97

Registration District No. 146 Primary Registration District No. 3026

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town INDEPENDENCE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
INDEPENDENCE SANITARIUM & HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 HOURS  
(Specify whether years, months or days) 15 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town INDEPENDENCE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1506 W. WHITE OAK  
(If rural, give location)  
(e) Citizen of foreign country? MO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY ELLSWORTH SWAYZE

3. (b) If veteran, name war NO 3. (c) Social Security No. 496-09-4521

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VENORA 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 9 10 1877  
(Month) (Day) (Year)

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

9. Birthplace HICKORY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER  
MAY LUMBER & COAL CO.

11. Industry or business NO RECORD

12. Name NO RECORD

13. Birthplace NO RECORD  
(City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

15. Birthplace NO RECORD  
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY ELLIS SWAYZE  
(b) Address 146 E. KANSAS INDEP. MO.

17. (a) BURIAL (b) Date thereof 3 - 19 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUND GROVE  
(a) Signature of funeral director [Signature]  
(b) Address 815 W. MAPLE AVE INDEP. MO.

19. (a) \_\_\_\_\_ (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 17  
year 1948 hour 6 minute 00 A M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Respiratory Failure  
Collapse of Lungs  
Fracture of Ribs 195 E  
Auto Trauma. 11

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Deputy Coroner  
Of operations \_\_\_\_\_  
Of autopsy See Above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 3-15-48  
(c) Where did injury occur? Jackson MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? Yes (Specify type of place) Trauma  
(e) Means of injury \_\_\_\_\_  
23. Signature A. E. Upsher (M. D. or D. V. M.)  
Address 2800 / Main Date 3/17/48

(Licensed Embalmer's Statement on Reverse Side) non - Drapfers - SHV.

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..... *Henry W. Stahl* .....

Licensed Embalmer No. *3181* .....

P. O. Address. *Independence* .....

**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.**