

No. 300
1-10-47
5-17-39
I 3906

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26630
Registrar's No. 3389

FILED SEP 1 1948

Registration District No. 149

Primary Registration District No. 1002

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: 1300 Armour Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Years
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME J. Bowling Swinney

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race white Color

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mabel Swinney

6. (c) Age of husband or wife if alive Information refused

7. Birth date of deceased Information refused
(Month) (Day) (Year)

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

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

10. Usual occupation Retired

11. Industry or business Mercantile Business

12. Name Bowling Swinney

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

14. Maiden name Maria L. Burroughs
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mabel Swinney

(b) Address 3237 Forest

17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilliam, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 8-19-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3237 Forest
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1948 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 8, 1947, to 8-16, 1948
that I last saw him alive on Aug 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Heart Disease

Due to _____

Other conditions 94a
(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)

Signature George C. Lee M. D. or other _____
Address 1630 P. St. Bldg Date signed 8/17/48

Dr. Lee
Pres. 12/20/09

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 *Elmer C. Wadler*

Licensed Embalmer No. *3495-*

P. O. Address *H. C. 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.