

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30605

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4151

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )	
c. LENGTH OF STAY (In this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1318 Pennsylvania</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1318 Pennsylvania</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jacob</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Swain.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 26 49.</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR (Months) (Days) <u>6 6</u>	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Carman (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Barlow Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>J.K. Swain</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Howle</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy L. Swain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>710-18-0474</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy L. Swain 1318 Penn. KCMO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis Arteriosclerosis</u> DUE TO (c) <u>"Chronic" Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>331X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8 1949, to 9-26-49, 1949, that I last saw the deceased alive on 9-26-49, 1949, and that death occurred at 2PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. S. Bourke</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>412 Argyle Bldg. K.C. Mo</u>	23c. DATE SIGNED <u>9-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-27-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eads Bros. Funeral Home KCK.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed: O. H. Beckwith

Signed.....  
Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Kans City Kans

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.