

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28319
 Registrar's No. 3806

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3806</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>2148</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>58 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>14</u> <u>0</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>1223 Holmes</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle)		c. (Last) <u>Swanson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>25</u> <u>52</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 18, 1893</u>		9. AGE (In years last birthday) <u>58</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	# UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Tobin</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Dunn</u>			14. NAME OF HUSBAND OR WIFE <u>Ernest Swanson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Swanson</u>		ADDRESS <u>1223 Holmes, K. s. City, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Liquefaction necrosis of spleen with acute peritonitis</u>										
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>August 11, 1952</u> , to <u>August 25, 1952</u> , that I last saw the deceased alive on <u>August 25, 1952</u> , and that death occurred at <u>1:40A m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>B. I. Burns, M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>				23c. DATE SIGNED <u>8-25-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>U</u>		24b. DATE <u>Aug. 28 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>8-27-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C. L. Forster 918 Brooklyn Kas. C. Mo.</u>					

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

11-13-11

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Virgil Herrick
Licensed Embalmer No. 3599
P. O. Address R. C. Moore

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.