

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27749**
3296

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. - DIST. - NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3258	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				d. STREET ADDRESS (If rural, give location) 1816 East 16th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) (Swaney)		c. (Last) Sweeney		4. DATE OF DEATH (Month) (Day) (Year) 7 9 54	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 27, 1882	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Tonganoxie, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Square Sweeney		13b. MOTHER'S MAIDEN NAME Alice Turpin		14. NAME OF HUSBAND OR WIFE Lois Sweeney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Birdie Williamson 426 Parallel K.C.K.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 445H	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Deputy Coroner M. D. Tillman				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 7/12/54	
24a. FURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Hubbell Hill Cem.		24d. LOCATION (City, town, or county) (State) Tonganoxie, Kansas	
DATE REC'D BY LOCAL REG. 7-13-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nathan W. Thatcher K.C.K.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
M. D. Tillman

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.....
Student Embalmer

Signed

Clifford E Woods

Licensed Embalmer No. *3106*

P. O. Address *1520 N. 5th*

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.