

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41251**  
**5671**

BIRTH NO. **8854154** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5671**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		e. STREET ADDRESS (If rural, give location) <b>719 Independence Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) <b>Ruthie Swanegan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 18 1954</b>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>11-18-54</b>		9. AGE (In years last birthday) <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>America</b>					

13a. FATHER'S NAME <b>Albert M. Swanegan</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Lyord</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bertha L. Swanegan, 719 Indep. Ave.</b>	
--	--	-------------------------------------	--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <del>premature infant; hydrocephalus</del> <b>premature infant; hydrocephalus</b> maternal hydramnios; breech extraction; DUE TO (b) <b>hematoma of scalp.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <b>7605</b>
---	--	---	--	--	---

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)		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 **11-18-54**, 19\_\_\_, to **11-18-54**, 19\_\_\_, that I last saw the deceased alive on **11-18-54**, 19\_\_\_, and that death occurred at **2:52 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Ellis MD</b> (Degree or title)		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>11-19-54</b>	
---	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-10-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liedt Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Wm A. Schump</b>		24f. ADDRESS <b>A C MO</b>	
DATE REC'D BY LOCAL REG. <b>12-10-54</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

