

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13601  
Do not use this space.

REC'D MAY 9 1938

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 395  
 (b) Township KAW Primary Registration District No. 1002  
 (c) City KANSAS CITY (d) Street No. ST. JOSEPH'S HOSPITAL Registered No. 1591  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS. KATHERINE A. SWANSON 5'2.5"  
 (a) Residence, No. 2727 BENTON St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANDREW SWANSON MAY 15-31  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 9-1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 0 01

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) COUNTY DOWN 5  
 (STATE OR COUNTRY) IRELAND

FATHER 13. NAME JOHN MCCARTIN 5

14. BIRTHPLACE (CITY OR TOWN) IRELAND 5  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Wm LEVINS

16. BIRTHPLACE (CITY OR TOWN) IRELAND  
 (STATE OR COUNTRY)

17. INFORMANT THOS. CLYDE SWANSON  
 (ADDRESS) 108 W. 69th TERR.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE APRIL 12 1938

19. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS  
 (ADDRESS) 1309 PAJEO

20. FILED Apr 12 1938 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7 1938, to April 10 1938  
 I last saw her alive on April 10 1938 Death is said to have occurred on the date stated above, at 8 A. m.  
 The principal cause of death and related causes of importance were as follows:

Myocardosis  
Chronic Thrombosis  
with Cerebral  
Hemorrhage 4/10/38  
 Date of onset  
 Other contributory causes of importance  
Post Operative  
Heart

Name of operation Post Operative Date of Post  
 What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Post Operative  
 (Signed) Dr. J. D. Lerner M. D.  
 (Address) 402 Bryant Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. O. Skinner  
Bryant Blag -

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*George M. Collier*

Licensed Embalmer No. 3839

**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.)**