

FILED JUN 9 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17248  
Registrar's No. 1910

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 7516 Washington /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)  
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7516 Washington  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Rebecca Swaney Heslip

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife John Heslip 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Oct. 25, 1954  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 6 19 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER { 12. Name James J. Swaney  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett Collins  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Heslip  
(b) Address 1826 New Jersey, K. C. K.  
17. (a) burial (b) Date thereof 5/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director R. V. Lindsey & Sons  
(b) Address 3911 Broadway

19. (a) May 15 41 (b) M. M. Craige  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th  
year 1941 hour 3:15 AM minute - M.

21. I hereby certify that I attended the deceased from May 11  
1941 to May 14 1941  
that I last saw her alive on May 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 da

Due to 830  
Due to 830

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations - Of autopsy -  
PHYSICIAN -  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -  
(b) Date of occurrence -  
(c) Where did injury occur? (City or town) (County) (State) -  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -  
While at work? (Specify type of place) (e) Means of injury -

23. Signature J. W. Far (M. D. or other) -  
Address 404 W 75 Date signed 5/18/41

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

18308

L1900 P

S. W. F. ...  
1730 S. ...

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Leon A. Stewart*

Licensed Embalmer No. *4177*

P. O. Address..... *Warren City, Mo.*

**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.**