

No. 2  
-11-10-39  
5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24872

State File No. \_\_\_\_\_

FILED AUG 5 1941

Registration District No. 203

Primary Registration District No. 4122

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville

(c) Name of hospital or institution: Smithville Community  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 210 days  
In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 024

(a) State Missouri (b) County Clay 0

(c) City or town Smithville 0  
(If outside city or town limit: write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ida Annie Hornker Swaney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hugh Swaney, Sr. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 15, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charles Hornker

13. Birthplace Baden, Germany (City, town, or county) (State or foreign country)

14. Maiden name Catherina Winkle

15. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Swaney, Jr. (b) Address Smithville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1941 (Month) (Day) (Year) (c) Place: burial or cremation Platte City

18. (a) Signature of funeral director Malcolm Horker (b) Address Smithville, Mo.

19. (a) July 8-41 (b) Fula P. Ray (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6 year 41 hour 5 minute 17 a.M.

21. I hereby certify that I attended the deceased from 6-24, 1941, to 7-6, 1941; that I last saw her alive on 7-6-41; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 8 days

Due to Hypertension 2 years

Due to Chronic Nephritis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ (Specify type of place)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN 17/18

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? \_\_\_\_\_

23. Signature Leonard Wilson (M. D. or other) D

Address Smithville, Mo. Date signed 7-7-41

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

400

Date Filed \_\_\_\_\_  
District File Number 17-4-8  
District Health Officer No. 8  
**RECEIVED**

**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 J. A. McComas

Licensed Embalmer No. 2303

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**