

SEP 12 1941 99

Primary Registration District No. 1002

Registrar's No.

3264

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:
3226 Jefferson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3226 Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mr. Andrew E. Swanson

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Amelia Swanson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February 6 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 24 hr. min.

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

10. Usual occupation Grocer

11. Industry or business _____

MOTHER FATHER { 12. Name Emmanuel Swanson

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Longquist

15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Albert C. Swanson

(b) Address 3226 Jefferson

17. (a) Burial (b) Date thereof Sept. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director S. H. Newbern

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/24/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1941 hour 9 minute 00A M.A.M.

21. I hereby certify that I attended the deceased from 8-8-41 19 to 8-30-41 19
that I last saw him alive on 8-29-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death probable reticular amyloid. Duration _____

Due to Hypertensive Cardiorespiratory Disease 10 yrs??

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 R

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. Hill, M.D. (M.D. or other)

Address 1809 W. 45th St. Date signed 9/24/41

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

Mr. J. H. Hill
Secretary of
Burial Board

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address H. C. 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.