V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17191

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2187

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: LAKESIDE HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days)
In this community 1½ days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CALDWELL 13 0

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1 Cowgill, Mo 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HOSMER KEO SWITZER

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 ERNA JAMES (Riddle)

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 5 (Day) 1887 (Year)

8. AGE: Years 54 Months 10 Days 28 If less than one day hr. min.

9. Birthplace CALDWELL (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name JOHN FRANKLIN SWITZER
13. Birthplace RAY (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name SARAH LOUISA CREASON
15. Birthplace RAY (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs FRANKIE WELLS
(b) Address Cowgill, Mo

17. (a) Cowgill, Mo (Burial, cremation, or removal) (b) Date thereof 6-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill, Mo

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Mo

19. (a) June 2 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1942 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 25, 1942, to June 2, 1942 that I last saw him alive on June 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY Embolism	5 hrs.
Due to Cholecystitis 12 Yr	
Due to NEPHROLITHIASIS	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy Not performed.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Coleman (M. D. or other) MD
Address Cowgill Date signed Mo.

361

(Licensed Embalmer's Statement on Reverse Side)

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston 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.