

S. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36426

State File No.

FILED NOV 19 1942
Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 4221

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-6-42-11-7-42
(Specify whether
In this community Unknown
years, months or days)

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. 923 Genessee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

SHERMAN SWITZER

3. (b) If veteran,
name war None

3. (c) Social Security
No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased October 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 28 hr. min.
27

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

10. Usual occupation None

MOTHER FATHER

11. Industry or business
12. Name James Switzer
13. Birthplace Holten Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Minerva White
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 11-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leeds, Missouri

18. (a) Signature of funeral director Walter Brown

(b) Address 1729 Lydia

19. (a) 11-12-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1942 hour 1 minute 30 a. m.

21. I hereby certify that I attended the deceased from
November 6 1942 to November 7 1942
that I last saw him alive on November 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration
with marked toxemia

Due to 108

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) (Means of injury)

23. Signature Walter Brown (M. D. or other)

Address Gen. Hosp. #2600E22 Date signed 11-9-42

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

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..... *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *25039 Highland*

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.