

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 189

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:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether)
 In this community 25 Years
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. 4207 East 24th Street
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Charles Franklin Swisher

3. (b) If veteran, name war No
 3. (c) Social Security No. 440-45-8890

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edith B. Swisher
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased 12 - 20 - 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>0</u>	<u>22</u>hr.min.

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

10. Usual occupation Groceryman & Meat Market

11. Industry or business Owner & Operator

12. Name of father George Swisher
 13. Name of mother Elzora Myers
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Frank H. Callahan
 (b) Address 3616 East 26th Street

17. (a) Burial (b) Date thereof 1-14-1943
(Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope .K.C. Kans.

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address Kansas City, Missouri

19. (a) 1-13-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month January day 12th.
1943 year. hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1943
 19... to Jan 12, 1943
 that I last saw him alive on Jan 12, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute + Chronic Pylonephritis with uremia
 Duration 3 days

Due to Small infection on ball of left foot.
 Due to 101

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy As stated above

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 Edward L Stewart (M. D. or other)
 Address 1115 Grand ave. K.C. Mo. Date signed 12/13/43

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

MOTHER FATHER

50

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: Theron B. Redmon

Licensed Embalmer No. 2737

P. O. Address: H. P. Me

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this February day of 1943, before me appears

Mrs. Frank H. Callahan, who, upon her oath, states that the original record of ~~birth~~ ^{death}

for Mr. Charles Franklin Swisher ~~born~~ ^{died} January 12 1943 ~~###~~ ^{###} in the State of

Missouri, and which was filed at Kansas City ~~on~~ ^{of} Jan. 13th. 1943, should be corrected as follows:

Item No. 7 should read Date of Birth December 20th. 1879.

Instead of December 20th. 1889

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Frank H. Callahan Daughter Relationship.

3616 East 26th. Street
Present Address.

Subscribed and sworn to before me this 18th day of February, 1943.

My Commission expires September 11-1943. Leon T. Hall Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

189

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THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

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3616-E-268

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