

S. No. 2
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5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31803
State File No. _____

FILED OCT 5- 1943

Registration District No. 154

Primary Registration District No. 5575-

Registrar's No. _____

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

48
0
0

1. PLACE OF DEATH:

(a) County Jackson (Rural)

(b) City or town Kansas City (Washington St.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8500 Brooklyn
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME IDA F. SWANEY

8. (b) If veteran, name war (c) Social Security No.

4. Sex FEMALE race WHITE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DR. LOREN SWANEY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 9 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 5 If less than one day hr. _____ min.

9. Birthplace Jackson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Elijah P. Slaughter

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

14. Maiden name Amanda Lawrence

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

16. (a) Informant Ms. Ruth Hortel

(b) Address 8500 Brooklyn, K.C., Mo.

17. (a) Rural (b) Date thereof Sept 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill, K.C., Mo.

18. (a) Signature of funeral director E. H. Swanson & Sons

(b) Address Grandview Mo.

19. (a) 9/19-43 (b) Dr. Annie G. Hedges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 8500 Brooklyn
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1943 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 6 1941 to Sept 9 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gfa

Major findings: Of operations _____

Of autopsy 18

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 2

23. Signature Annice G. Hedges (M.D. or other) g
Address Hickman Mills Date signed 9/19/43

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

1102

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.....

A. K. George

Licensed Embalmer No.

3645

P. O. Address

Grandview, 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, above space should be left blank.