

FILED FEB 1 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Hoplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford
(c) City or town Pittsburg
(If outside city or town limits, write "RURAL")
(d) Street No. 108 1/2 West 6th.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Leo Howard Clifford Swan

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Swan 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct. 1 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Realestate & Insurance

11. Industry or business Realestate & Insurance

12. Name Wm. A. Swan
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Cunningham
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Swan
(b) Address Pittsburg, Kansas

17. (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Com. Pittsburg, Kansas

18. (a) Signature of funeral director W. E. ...
(b) Address Pittsburg, Kansas

19. (a) 1-12-44 (b) Arthur ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1944 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 7 1944 to Jan 13 1944
that I last saw him alive on Jan 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Labur Pneumonia

Due to Plus Myocarditis
Electro Alcoholism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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? _____

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

23. Signature H. Verleur (M. D. or other) _____
Address Joplin Mo Date signed 1-12-44

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

19
2
5

9 31
14
0

Duration
44
44

MOTHER FATHER

12-44

44-1-86

Rev. Walter
Simeon Hedy

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.....

Licensed Embalmer No.....

P. O. Address.....

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.