

No. 2  
2-43  
17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7375 ✓

FILED FEB 23 1944

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

In this community 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Farmington Station R. 6 Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 9812 Morell  
(If rural, give location)

(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Swanson

3. (b) If veteran, name war None

3. (c) Social Security No. 495-09-5556

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1944 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1943, to Jan 10, 1944, that I last saw him in alive on Jan 10, 1944, and that death occurred on the date and hour stated above.

4. Sex male 5. Color of hair White 6. (a) Single, widowed, married, married

6. (b) Name of husband or wife Anna Swanson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 19 1870  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_

8. AGE: Years 63 Months 7 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Cancer

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Stationary Fireman

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name unknown

PHYSICIAN \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

14. Maiden name unknown

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

16. (a) Informant Mrs Anna Swanson

(b) Address 19812 Morell R.C. Mo.

17. (a) Burial (b) Date thereof Jan 13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director George C Brown

(b) Address Duquesneville Mo

19. (a) Jan 13 1944 (b) F. M. Schick (c) F. M. Schick  
(Date received local registrar) (Registrar's name) (Registrar's signature)

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 5

23. Signature F W Tuttle (M. D. or other) MD

Address Blue Springs Mo. Date signed 1/10/44

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

MOTHER FATHER

1162

(Licensed Embalmer's Statement on Reverse Side)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

**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

*Floyd C. Carson*

Licensed Embalmer No.

*4199*

P. O. Address

*Independence,*

**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.**

Registration District No. 150 Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Pratt Prall Sup.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Andrew Swanson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 19 1911  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days \_\_\_\_\_ (If less than one day) min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year 1974 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

Due to Cancer of lungs and in fact  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION  
Of autopsy 468

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 J. W. Nuttle (M. D. or other) MD

Address Blue Springs Mo Date signed 3/24/74

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

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and patterns in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the government in regulating the financial system. It notes that the government has a responsibility to ensure that the system is fair and transparent, and to protect the interests of consumers and investors.

4. The fourth part of the document discusses the importance of education and training in the financial industry. It notes that a well-educated and trained workforce is essential for the success of the industry, and that ongoing education and training are necessary to keep up with the rapidly changing nature of the industry.

5. The fifth part of the document discusses the importance of transparency and accountability in the financial system. It notes that transparency and accountability are essential for building trust and confidence in the system, and for ensuring that the system is operating in the best interests of the public.

6. The sixth part of the document discusses the importance of innovation and technology in the financial industry. It notes that innovation and technology are essential for the growth and development of the industry, and that the industry must continue to invest in research and development to stay competitive.

7. The seventh part of the document discusses the importance of risk management in the financial industry. It notes that risk management is essential for the stability and soundness of the industry, and that the industry must have robust risk management practices in place to protect against potential risks.

8. The eighth part of the document discusses the importance of international cooperation in the financial industry. It notes that international cooperation is essential for the stability and soundness of the global financial system, and that the industry must work together to address global challenges.

9. The ninth part of the document discusses the importance of consumer protection in the financial industry. It notes that consumer protection is essential for the integrity of the financial system, and that the industry must have strong consumer protection measures in place to protect the interests of consumers.

10. The tenth part of the document discusses the importance of environmental, social, and governance (ESG) factors in the financial industry. It notes that ESG factors are becoming increasingly important for investors and consumers, and that the industry must take these factors into account in its operations.