

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13888

State File No.

FILED MAY 11 1944

1951

Registration District No. 149Primary Registration District No. 1002

Registrar's No.

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:
7408 Jarboe Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community..... 18 years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary L. Swarts

3. (b) If veteran, name war..... no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced widow
 6. (b) Name of husband or wife James A. Swarts 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased October 8th, 1864
 (Month) (Day) (Year)

8. AGE: Years 79 80 Months 6 Days 24 If less than one day
 hr. min.

9. Birthplace Lockhart, New York
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business II II

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Eva Heinen

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

16. (a) Informant James G. Swarts

(b) Address 7408 Jarboe Street

17. (a) Burial (b) Date thereof 5-5-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St John's Cemetery, Kans.

18. (c) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 5-4-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 7408 Jarboe Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
 year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 1st
March 1944 to May 2 1944
 that I last saw her alive on May 2 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial Regurgitation Duration
Several years

Due to.....

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:

(c) 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 D. W. Fair (M. D. or other).....

Address 404 1/2 W. 75th St. Mo. Date signed 5/3/44

