

FILED MAY 1 1944  
Registration District No. 1749

Primary Registration District No. 1002

State File No. 1795  
Registrar's No.

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

1. PLACE OF DEATH: Jackson  
 (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: Wheatley Prov. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 9 days  
(Specify whether years, months or days)  
 In this community: 22 years

2. USUAL RESIDENCE OF DECEASED: Missouri Jackson 48  
 (a) State: Missouri (b) County: Jackson 2  
 (c) City or town: Kansas City 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No.: 2405 Tracy, Apt. C-7  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: 0

3. (a) PRINT FULL NAME: Herbert L. Switzer  
 3. (b) If veteran, name war: None  
 3. (c) Social Security No.: 510-07-6246

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month: April 10  
 Year: 1944 hour: 3:50 minute: A.M.

4. Sex: Male 5. Color or race: Col  
 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Ella Switzer  
 6. (c) Age of husband or wife if alive: 43 years  
 7. Birth date of deceased: April 30, 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Miss 10  
 19 10 to Apr 10 19 44  
 that I last saw him alive on Apr 10 19 44  
 and that death occurred on the date and hour stated above.

8. AGE: Years: 43 Months: 11 Days: 10  
 If less than one day: hr. min.

Immediate cause of death: Respiratory appendicitis  
 Due to: Peritonitis  
 Due to: \_\_\_\_\_

9. Birthplace: Arkansas /  
(City, town, or county) (State or foreign country)  
 10. Usual occupation: Laborer  
 11. Industry or business: Lake City Ordnance Plant

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

MOTHER FATHER  
 12. Name: James Switzer  
 13. Birthplace: S. C. /  
(City, town, or county) (State or foreign country)  
 14. Maiden name: Irma Evans  
 15. Birthplace: Tenn. /  
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Ella Switzer  
 (b) Address: 2405 Tracy, Apt. C-7  
 17. (a) burial (b) Date thereof: 4/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Highland Cemetery  
 18. (a) Signature of funeral director: Jenkins Bros  
 (b) Address: 1729 Lydia  
 19. (a) 4-17-44 (b) D. E. Brown  
(Data received local registrar) (Registrar's signature)

23. Signature: \_\_\_\_\_  
(Date signed)

Duration: 2.0 days  
 PHYSICIAN: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 J. Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**