S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14852

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1018 Glenwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1018 Glenwood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM SWANEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth K. Swaney

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 4th, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	14	hr. min.

9. Birthplace Camden Point, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business Building Contractor

FATHER
12. Name John Swaney
13. Birthplace Platte City, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Luella Swedleton
15. Birthplace Camden Point, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Elizabeth K. Swaney
(b) Address 1018 Glenwood, K.C. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri

19. (a) 4-9-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th, year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Several years, 19__, to 19__; that I last saw him alive on Mar 18, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to: 94a

Due to

Other conditions Hypertrophied prostate & bladder retention
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Chas E. Nickson Jr. M.D. (M.D. or other)

Address Independence Mo. Date signed 3-21-44

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1944

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 Roland R. Peake

Licensed Embalmer No. 3604

P. O. Address Indep. 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, fact should be so stated above.