V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 24438

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
302 W.Kansas
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 127 S.Lincoln St. 1
(If rural, give location)

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

If yes, name country No 0

3. (a) PRINT FULL NAME Alice Ann Swaffar

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased Dec (Month) 22 (Day) 1943 (Year)

8. AGE: Years 0 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ersmond Swaffar
13. Birthplace Barry Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Francis Farris
15. Birthplace Linn Creek (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ersmond Swaffar
(b) Address 127 S.Lincoln St. Liberty,Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City,Mo.

18. (a) Signature of funeral director [signature]
(b) Address 119 E Franklin St Liberty Mo

19. (a) 7-27-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw ..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Accident, fell out of 2nd Story window.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Coroners case

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) Accident fell out of 2nd Story window

(b) Date of occurrence July 27,1944 024

(c) Where did injury occur? 302 W.Kansas St. Liberty, Clay, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home 302 W. Kas St Liberty Mo
(Specify type of place)

While at work? (e) Means of injury

23. Signature R.W. Pracher Coroner (M.D. or other)

Address Excelsior Springs Mo. Date signed 7/27/44

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-7-47

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 C J Carder Jr

Licensed Embalmer No. 3934

P. O. Address C J Carder Jr

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.