S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36936

State File No. 4630

Registration District No. 199

Primary 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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. Monroe Hotel
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ross Benton Swingley

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-2806

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Aurora Swingley

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

7. Birth date of deceased June (Month) 19th (Day) 1883 (Year)

8. AGE: Years 61 | Months 4 | Days ~~28~~ 27 | If less than one day hr. min.

9. Birthplace North Topeka, (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Bookkeeper

11. Industry or business North American Aviation Co.

FATHER
12. Name Benton F. Swingley
13. Birthplace North Topeka, Kansas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Alice Ross
15. Birthplace North Topeka, Kansas (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. R. W. Goodfellow

(b) Address 5221 Macy Road, Merriam, Ks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 11-17-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th year 1944 hour minute M.

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

	Duration
Immediate cause of death Acute Myocardial Infarction	
Due to Acute Coronary Occlusion	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 a
Of autopsy See Above

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 A. E. Ussher (M. D. or other) MD

Address 128 McCoy Date signed 4/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph R. Hunt, Registered Apprentice No. 364, working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.