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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40287

FILED JAN 9 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5306

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1015 Tracy (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1015 Tracy (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JUDD SWANEGAN

3. (b) If veteran, name war no

3. (c) Social Security No. 494-14-0082

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Georgia

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

7. Birth date of deceased May (Month) 15 (Day) 1908 (Year)

8. AGE: Years 37 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Musician

11. Industry or business

FATHER
12. Name Edward Swanegan
13. Birthplace Brunswick (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Bessie Messley
15. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Dorothy Swanegan

(b) Address 1015 Tracy

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem. KCK

18. (a) Signature of funeral director N.W. Thatcher

(b) Address 1520 N.5th St. K.C.K.

19. (a) 12-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th year 1945 hour 9: minute A. M.

21. I hereby certify that I attended the deceased from Nov. 23 1945 to Dec 18th 1945 that I last saw him alive on Dec 15th 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Dilatation	2 days
Due to Nephritis Interstitial	1 yr
Due to Cardiac Decompensation	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 a

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 Thos. A. Jones (M. D. or other)

Address 7612 E 12th St Date signed 12/20/45

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Nathan H. Thatcher

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St

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.