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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 22 1946

State File No. 13392

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1709

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

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

(d) Street No. 814 East 43rd Street, 8
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Fred Benjamin Swett

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-07-2029

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mabel V. Swett

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 18 (Day) 1884 (Year)

8. AGE: Years 61 Months 5 Days 20 If less than one day ___ hr. ___ min.

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

10. Usual occupation Clerk

11. Industry or business x

FATHER
12. Name Benjamin F. Swett
13. Birthplace (City, town, or county) unknown, 9 (State or foreign country)

MOTHER
14. Maiden name Rosa M. Bear
15. Birthplace (City, town, or county) unknown, 9 (State or foreign country)

16. (a) Informant Franklin Riggs
(b) Address 823 E. 42nd St., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1946 hour ___ minute P. M.

21. I hereby certify that I attended the deceased from 2/26, 1946, to 4/8, 1946 that I last saw him alive on 4/8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Adrenal Bilateral	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy as above	

55a

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 0

23. Signature James R. McCoy (M. D. or other)

Address 814 Porter Bldg Date signed 4/17/46

(Licensed Embalmer's Statement on Reverse Side)

Porter Bldg
33 nd Brindley

Dr. J. V. McVay

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.