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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33800**
Registrar's No. **4489**

Registration District No. **149**

Primary Registration District No. **1002**

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:
Locarno Apartments
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
60 years (Specify whether years, months or days)

In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **Locarno Apartments**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Edward F. Swinney**

3. (b) If veteran, name war **no.** **3. (c) Social Security** No. **no.**

4. Sex **male** **5. Color or race** **white**

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

6. (b) Name of husband or wife **Mrs. Ida Lee Swinney** **6. (c) Age of husband or wife if alive** **dec.** years

7. Birth date of deceased: **August 1 1857**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24** year **1946** *About 8:45* minute **2** M.

21. I hereby certify that I attended the deceased from *for several years* 19 *Oct. 24-* 19 *46*
that I last saw him alive on *Oct. 23* 19 *46*
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 89 | 2 | 23 | hr. min. |

Immediate cause of death **Myo-cardial failure**

Due to **General (myo) arterio-sclerosis**

Due to **Advanced age.**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chairman**

11. Industry or business **Executive Com. First Nat'l. Bk.**

MOTHER FATHER

12. Name **unknown,**

13. Birthplace **unknown,**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown,**

15. Birthplace **unknown,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. B. S. Heddans,**

(b) Address **1003 W. 63, Kansas City, Mo.**

17. (a) burial **(b) Date thereof** **10-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Pantheon**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 10-25-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **97**

Of autopsy **no**

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?

While at work (Specify type of place) **(c) Means of injury**

23. Signature **W. B. Roberts** (M. D. or D. O.)

Address **1424 Professional** **Date signed** **10.25.46**

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

Dr. Norberg

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

J. Clair Sheppard

Licensed Embalmer No. *4179*

P. O. Address *L. 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.