

No. 2
12-45
-17-39
X47070

FILED DEC 9 1946
Registration District No. **2999**

Primary Registration District No. **1002**

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

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:
3245 East 28th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
7 years)

In this community 7 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. 3245 East 28th St. **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME MRS. LEONA RAE SWEARINGEN

3. (b) If veteran, name war XX

3. (c) Social Security No. 493-22-8930

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Van D. Swearingen

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

7. Birth date of deceased March 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	8	11	
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hr. min.

9. Birthplace Sherman County Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business John K. Gregory

12. Name John K. Gregory

13. Birthplace Pa. (State or foreign country)

14. Maiden name Matilda Scott (City, town, or county) (State or foreign country)

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

MOTHER FATHER

16. (a) Informant Mrs. Dolores Savage

(b) Address 5328 Park

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 11-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Horton, Kansas

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-26-46 (Date received local registrar)

(b) J. Geraldine Holme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th
year 1946 hour 9: minute 05 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the _____ and hour stated above.

Immediate cause of death Deputy Coroner

Death due to hanging

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1040

Major findings: Of operations _____

Of autopsy History of Inspection

PHYSICIAN _____

Underline the cause to which death should be ascribed statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 11/25/46

(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (Means of injury) Hanging

23. Signature A. E. Ueber (M. D. or D. O.)

Address 28001 Main Day _____

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 Alvin R Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.