

FILED AUG 7 1947
Registration District No.

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 **Colonial Rest Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 Days**
(Specify whether years, months or days) **50 Years**

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") **8**
(d) Street No. **7907 Mercier Street** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MRS. FLORENCE SWANSON**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joseph O. Swanson** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **July 25th 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **24** If less than one day
.....hr.min.

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

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Unknown** **9**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown** **9**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph O. Swanson**
(b) Address **7907 Mercier Street**

17. (a) **Burial** (b) Date thereof **7 - 21 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel** While at work? (Specify type of place)
(b) Address **104 West 42nd, St. Kansas City, Mo.** Means of injury

19. (a) **7-21-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **19** year **1947** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **2-1-45** to **7-19-47**
that I last saw her alive on **7-18-47** and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Cerebral hemorrhage** **3 hrs**
Due to **Cerebral arteriosclerosis**

Due to.....
Other conditions **Unintended fracture**
(Include pregnancy within 3 months of death)
fever (more than 3 years ago)

Major findings: **as above** PHYSICIAN
Of operations.....
Of autopsy **830**

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)

23. Signature **Graham** M. D. **906 Grand**
Address..... (Date signed **7-21-47**)

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

MOTHER FATHER

W. H. Harkness
5309 Fairway

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 *Willis H. Bennett*
Licensed Embalmer No. *4438*
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.