S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33775

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1321

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2611 Edmond St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Lifer

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2611 Edmond St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Thomas J. Swafford
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Paralie Swafford
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: April (Month) 5 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	67	6	29	..... hr. ..... min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Owner of parking lot
11. Industry or business: Parking lot
FATHER — 12. Name: William Swafford
13. Birthplace: Bledsoe County (City, town, or county) Tennessee (State or foreign country)
MOTHER — 14. Maiden name: Emilie Bettis
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Mrs. Paralie Swafford
(b) Address: St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) Nov. 7, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1947 to 11-4-47, that I last saw him alive on 11-3 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of 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: T. H. Saferstein (M. D. or other) M.D.
Address: 422 Felix St Joseph Mo Date signed: 11-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 3 1967

MAR 15 1948

MAR 17 1948

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.