

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5102**
Registrar's No. **605**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **The George H. Nettleton Home, 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no. 8 years**
In this community **8 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Kate Swaggard**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Benjamin F. Swaggard** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **February 4 1862**
(Month) (Day) (Year)

8. AGE: Years **86** Months **0** Days **4** If less than one day hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Robert Elliott**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Isbell**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise J. Page,**
(b) Address: **5125 Swope Parkway, K. C., Mo.**

17. (a) **burial** (b) Date thereof: **2-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sweet Springs, Mo.**

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

19. (a) **2-10-48** (b) **Theraldine Holme**
(Date received local registrar) (Registrar's signature)

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. **The George H. Nettleton Home,**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **8**
year **1948** hour **9:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19 **48** to **Feb 8** 19 **48**
that I last saw her alive on **Feb 7** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Embolism of right femoral artery** Duration **8 days.**
and Lobes Pneumonia 3 weeks ago **Two months**

Due to **Cardio Vasculat Disease**
Due to **and Lobes Pneumonia 3 weeks ago**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **108**
Of operations
Of autopsy

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

23. Signature **John K Lapp** (M. D. or other) **Dr. D.**
Address **1204 Professional Bldg** Date signed **2/9/48**

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

Croft Bick

7.3.14

Dr. John G. Lapp

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 *Robert H Reed*
Licensed Embalmer No. *3745*
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.