No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5103

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 701

WRITE PLAINLY—USING 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 4209 Holly /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 60 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. 4209 Holly 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Carl E. Swanson
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Lucy Swanson
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April (Month) 26 (Day) 1869 (Year)

8. AGE: Years 78 Months 9 Days ~~16~~ 17 If less than one day hr. min.
9. Birthplace Sweden (City, town, or county) (State or foreign country) 7
10. Usual occupation Retired
11. Industry or business Supt. John Deere Plow Co.
FATHER
12. Name unknown 4
13. Birthplace Sweden (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name unknown 4
15. Birthplace Sweden (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Lucy Swanson
(b) Address 4209 Holly, Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (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) 2-16-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 13
year 1948 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from Oct 1, 1948, to Feb. 13, 1948;
that I last saw him alive on Feb 8, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death nephritis chronic	5 yrs
~~Arteriosclerosis, generalized~~	~~15 yrs~~
Due to arteriosclerosis -	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 a	
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) 0
While at work? (e) Means of injury
23. Signature M. Donald McFarland (M. D. or other) M.D.
Address 315 Alameda Rd Date signed 2/14/48

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

Dr. Don McFarland

Model Plaza Bldg.
Lo 1-5-33

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 Shippard

Licensed Embalmer No. 4179

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.