

FILED APR 17 1948

Registration District No. **149**

Primary Registration District No. **1022**

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:
106 W 79 th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
6 Mo's. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Albert Louis Swift**

3. (b) If veteran, name war **X no**
3. (c) Social Security No. **497-12-5651**

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **widower**

6. (b) Name of husband or wife **Alice Swift**
6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 5 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **24**
If less than one day hr. min.

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

10. Usual occupation **Barber**

11. Industry or business

MOTHER FATHER

12. Name **Unknown** **9**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown** " " (State or foreign country)

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

16. (a) Informant **Virgil Clough**

(b) Address **106 W 79 th**

17. (a) **Sedalia, Mo.** (b) Date thereof **4-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia, Mo. Stine & McClure's**

18. (a) Signature of funeral director **Kansas City, Mo.**

(b) Address

19. (a) **3-31-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **106 W 79 th** **8**
(If rural, give location)
(e) Citizen of foreign country? **X no** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1948** hour **11:** minute **40** P. M.

21. I hereby certify that I attended the deceased from **MARCH 20** 19**48**, to **March 29** 19**48**
that I last saw him alive on **Mar 27** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes over** Duration **2 yrs**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61**

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?

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **B. W. Fair** (M. D. or other)
Address **404 1/2 W 75** Date signed **3/20/48**

100. 3000
4041/2 - 20-75

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.....

Max E. Meyer....., Registered Apprentice No. *79*
working under my personal supervision.

Signed *J. Clair Shppard*.....
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.