S. No. 300
OM—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12916

Registrar's No. 1419

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: St. Lukes Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Wks. (Specify whether
In this community 38 yrs
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. 909 E. 47th. St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME John Philip Swift

3. (b) If veteran, name war First World War

3. (c) Social Security No. 496-24-6146

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife Ruth C. Swift

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 23, (Day) 1889 (Year)

8. AGE: Years 58 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Union City, (City, town, or county) New York (State or foreign country) /

10. Usual occupation Member K.C. Star Staff

11. Industry or business K.C. Star

FATHER
12. Name John H. Swift
13. Birthplace ---- (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Norah Carroll
15. Birthplace Winsted, (City, town, or county) Conn. / (State or foreign country)

16. (a) Informant John P. Swift Jr.
(b) Address 1305 Valentine Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount St. Mary's

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Pathologist, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Malacia

Due to Coronary Thrombosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 D

Of autopsy Same

Duration

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 O

23. Signature C. C. H. Schmidt (M. D. or other)

Address St. Luke's Hospital Date signed 30 March 1948

(Licensed Embalmer's Statement on Reverse Side)

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 H. Kirkendall, Registered Apprentice No. 86, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.