No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36908

Registrar's No. 4455

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 60 yrs.
years, months or days)

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. 1811 Westport Rd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. MATILDA SWANSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John L. Swanson

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

7. Birth date of deceased Oct. (Month) 23 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	8	hr. min.

9. Birthplace No Record (City, town, or county) Sweden (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) Sweden (State or foreign country)

16. (a) Informant Evar Swanson
(b) Address 1809 Westport Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) 11-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 1st
year 1948 hour minute M.

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

	Duration
Immediate cause of death cardiac dilatation	
Due to Bronchopneumonia	
Due to Encephalomalacia	
Other conditions Cerebral Arteriosclerosis & arterial Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above 53C

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?
Jack H. Hill (Specify type of place)
While at work? (e) Means of injury

23. Signature Jack H Hill (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date signed Nov 48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jimmy L. Huckabee

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.