

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23674**  
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3271**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>48 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>1217 EAST 45<sup>TH</sup> STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1217 EAST 45<sup>TH</sup> STREET</b>			
3. NAME OF DECEASED a. (First) <b>MONROE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY-26-1949</b>	
b. (Middle)		c. (Last) <b>SWOFFORD</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DECEMBER 29, 1865</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DENTIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DENTAL</b>	11. BIRTHPLACE (State or foreign country) <b>LEBANON ILLINOIS</b>
13a. FATHER'S NAME <b>CLINTON SWOFFORD</b>		13b. MOTHER'S MAIDEN NAME <b>OLIVIA UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. EDNA H. SWOFFORD</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Edna H. Swofford 1217 E. 45<sup>th</sup> St.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis - Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>H200</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb</b> , 1947, to <b>July 26</b> , 1949, that I last saw the deceased alive on <b>July 26</b> , 1949, and that death occurred at <b>5:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>F. Stanley Morehead</b>		23b. ADDRESS <b>Professional Bldg 726/49</b>	
23c. DATE SIGNED <b>7/26/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 28, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-28-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer</b>		ADDRESS <b>1331 BIRUSH CREEK BLVD KANSAS CITY, MO</b>	

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

An office unit 5 from 1.00.00

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.