

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23681

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3133</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Wyandotte</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS <u>25 So. 16th</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Ruth</u>		b. (Middle) <u>Swarm</u>		c. (Last) <u>Smith</u>		Date (Month) (Day) (Year) <u>July 18, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4, 1903</u>	
9. AGE (In years last birthday) <u>46 yrs</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail drug st.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Ks.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James F. Swarm</u>		13b. MOTHER'S MAIDEN NAME <u>Ella L. Guthrie</u>		14. NAME OF HUSBAND OR WIFE <u>Lloyd J. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>511-14-5615</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd J. Smith 25 So 16th K.C. Ks.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>5-6 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS: <u>Papillary cystadenoma</u>				345X			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic and regu ovary</u>							
19a. DATE OF OPERATION <u>7-7-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Papillary cyst adenoma ovary, no ovary</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>(Specify)</u>		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) (Min.)		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 <u>7-5</u> , 19 <u>50</u> , to <u>7-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>50</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Daniel F. Hogan</u>				23b. ADDRESS <u>801 1/2 W 39th</u>		23c. DATE SIGNED <u>7-19-50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-19-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Porter & Sons</u>		ADDRESS <u>K. C. Ks.</u>	

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

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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 Howard J. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota
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.