

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24688**

No. 300
10-48
FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3307

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 1021 Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Luthern		3198	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) O. L. c. (Last) Swanson			4. DATE OF DEATH (Month) (Day) (Year) 7 19 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1878	9. AGE (In years last birthday) 73	10. KIND OF BUSINESS OR INDUSTRY Butler Mfg. Co.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		11. BIRTHPLACE (City and State or Foreign Country) Moline, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Swanson	13b. MOTHER'S MAIDEN NAME Johanna Bengston	14. NAME OF HUSBAND OR WIFE Bertha J. Swanson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-03-4587	17. INFORMANT'S SIGNATURE OR NAME Mrs. B. J. Swanson	ADDRESS 1021 Elmwood KCMO.
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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) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 4201
		ANTECEDENT CAUSES DUE TO (b) Myocardial Infarction, recent		
		DUE TO (c) Coronary Arteriosclerosis		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.s., 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 Pathologist, 1952, that I last saw the deceased alive on 7-22-52, 1952, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill, M.D. (Degree or title)	23b. ADDRESS 3001 Wyandotte St KCMO	23c. DATE SIGNED 20 July 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-22-52	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS KCMO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Beale - Myers - 1025
Carter - 1002
325 - O'Connell
1207 Grand
Law Bldg. - reg.

Lawson

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. 448

working under my personal supervision.

Student Arthur E. Hook
Student Embalmer

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.