S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38956

FILED DEC 6 1952

BIRTH-NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5115

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Westport Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3241 St. John KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3940 McGee 3098

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): A.
c. (Last): Swanson

4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 1952

5. SEX: Fe
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: February 9, 1870
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired housewife
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and State or Foreign Country): Upsala, Sweden 4
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Andrew Hedberg
13b. MOTHER'S MAIDEN NAME: Christine xxxx
14. NAME OF HUSBAND OR WIFE: Nels Ludwig Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S SIGNATURE OR NAME: Helen Best — ADDRESS: 3001 Forest K. C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) do not know
DUE TO (c) pt was blind & had a cerebral hemorrhage about 2 years ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

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): ~~Kans~~ Cnty Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* Nov. 22, 1952, *that I last saw the deceased alive on* 12 Nov 1952 *and that death occurred at* 2:20 pm, *from the causes and on the date stated above.*

23a. SIGNATURE: James W. Graham (Degree or title): James W. Graham M.D.
23b. ADDRESS: 518 Argyle Bldg K C Mo
23c. DATE SIGNED: 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 11/24/1952
24c. NAME OF CEMETERY OR CREMATORY: ~~removal~~ —
24d. LOCATION (City, town, or county) (State): Osceola, Nebr.

DATE REC'D BY LOCAL REG.: 11-22-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Bentley Mortuary — ADDRESS: 5811 Troost K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

5731 Trout
Ave Graham

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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K. C. 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.