

DEC 18 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

39602

1. PLACE OF DEATH

County Jackson Registration District No. 100  
Township Kay Primary Registration District No. 1000  
City Kansas City (No. 1237 West 59th st. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 5113  
Registered No. \_\_\_\_\_

2. FULL NAME Samuel Ganz

(a) Residence, No. 1237 West 59th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Ganz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10, 1872</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>2</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo  
(STATE OR COUNTRY)

13. NAME Bernhard Ganz

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Nassaur

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Mrs Alice Ganz  
(ADDRESS) 1237 West 59th St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bahning Cemetery DATE Nov 26 1934

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED 11-26 1934 M. M. Crowe, asst.  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 34 1934

22. I HEREBY CERTIFY, That I attended deceased from Chicago 1934 to Nov 24 1934  
I last saw him alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
(Coronary Thrombosis)  
Arterio-sclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importances: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) A. Saphier M. D.  
(Address) 1405 Bryant Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH OUTRADING INITIALS IN FULL CAPITAL LETTERS

*Dr. Johnson*

JUL 25 1944

MAR 6 1944

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