

JUN 17 1936

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

19331

Do not use this space.

2270

File No. ~~7773~~
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 2011 Cypress)

2. FULL NAME John Jacob Kanatzar

(a) Residence, No. 2011 Cypress St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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>wh.</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>Mrs. Theodsia Kanatzar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 23, 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	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.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. Kentucky

MOTHER FATHER 13. NAME Jacob Kanagzar

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

15. MAIDEN NAME Amanda Bogey

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

17. INFORMANT Henry Kanatzar
(ADDRESS) Hutchinson, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE May 4, 1936

19. UNDERTAKER B. V. Lindsey and Sons
(ADDRESS) 3811 Brady, K.C. MO.

20. FILED May 2, 1936 M. M. [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1936 to May 1, 1936
I last saw him alive on May 1, 1936. Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) Date of onset _____
of 20
Other contributory causes of importance:
neuritic

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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 _____, 19____
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? no
If so, specify _____
(Signed) R. F. Frank Watson, M. D.
(Address) 240 [Address]

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.

WHILE FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

