REC'D AUG 9 1938

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

Do not use this space.

24593

1. PLACE OF DEATH
County Andrew — Registration District No. 8 — File No.
Township — Primary Registration District No. 3011 — Registered No.
City Nodaway (No. Onthe river bank. St. Ward)

2. FULL NAME Carl Joseph Ganter
(a) Residence, No. St., Ward. St. Joseph, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. - mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Ganter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11, 1888.

7. AGE: Years 49 — Months 8 — Days 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brewer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Goetz Brewery
10. Date deceased last worked at this occupation (month and year): July 1938.
11. Total time (years) spent in this occupation: 25 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison Kansas.

FATHER
13. NAME: Chas. Ganter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Katherine Ganter 1324 N. 3rd. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park Cem. PLACE St. Joseph, Mo. DATE July 25 1938.

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED July 23 1938 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1938

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ..., 19..., to ..., 19...
I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 6:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
92 C	

Other contributory causes of importance: Chronic Myocarditis

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) James H. Nichols M. D.
(Address) Helena, Mo. Coroner Andrew County

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp