

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

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.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Joseph Hospital K.C. Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME J. Philip Kanoky

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Kanoky

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July (Month)

25 (Day) 1859 (Year)

8. AGE: Years 80 Months 5 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business \_\_\_\_\_

12. Name Joseph Philip Kanoch

13. Birthplace Germany  
(City, town, or country) (State or foreign country)

14. Maiden name \_\_\_\_\_  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Della C. Wood

(b) Address 328 So. 7th - Columbia, Mo.

17. (a) Cremation (b) Date thereof Dec 30 39  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood K.C. Mo

18. (a) Signature of funeral director Pth & Mitchell

(b) Address Independence, Mo

19. (a) Dec 29, 1939 (b) mmhauer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9904 Winner Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1939 hour 2 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that he was alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Intermittent cerebral & cerebellar

Due to hemorrhage

Automobilic traumatism

Other conditions 21070  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-28-39

(c) Where and injury occurred Jackson Co, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Redesignated by auto  
(Specify type of place) (Specify cause of injury)

While at work \_\_\_\_\_

23. Signature Victor W. Hatten (M. D. or other) \_\_\_\_\_

Address K.C. Mo. Date signed \_\_\_\_\_

SEP 18 1945

AUG 23 1945

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *R. B. Mitchell*  
Licensed Embalmer No. 646  
P. O. Address 2017 Main St. Gulf Bchs, Miss.

**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, above space should be left blank.**



