

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **412**

1. PLACE OF DEATH:

(a) County **Buchanan.**
(b) City or town **St. Joseph.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1823 Faraon Street, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **25 Years.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Kanatzar**

8. (b) If veteran, name-war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Kanatzar** 6. (c) Age of husband or wife if alive **1** years **1852**

7. Birth date of deceased **March 1 1852**
(Month) (Day) (Year)

8. AGE: Years **88** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Eliza Comley** 13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Elizabeth Kasey** 15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L.V. Ockerman**
(b) Address **723 N. 19th Str. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **4 10 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riggs Missouri.**

18. (a) Signature of funeral director **Arthur W. Schlosberg**
(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **4/10/40** (b) **A. J. Kettlebush**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Buchanan.**
(c) City or town **St. Joseph, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1823 Faraon Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1940** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from **February 28**, 19**40** to **April 8**, 19**40**

that I last saw her alive on **April 8**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **20 days**

Due to **Arterio Sclerosis**

Due to **Chronic Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85 (Specify type of place) While at work? (Specify type of place) (e) Means of injury

23. Signature **A. J. Kettlebush** (M. D. or other) Address **109 1/2 N. 8th St. St. Joseph, Mo.** Date signed **4/18/40**

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

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.....

Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address...St. Joseph, 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, above space should be left blank.