

Registration District No. 119 Primary Registration District No. 5170B Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Richland
(c) Name of hospital or institution: 2
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Andrew Filson Kanzig

8. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ira Kanzig 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan 10th 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Taylor Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name John
13. Birthplace Sweden (City, town, or county) (State or foreign country)
14. Maiden name Antonia
15. Birthplace Sweden Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Ira Kanzig
(b) Address Richland Mo

17. (a) Burial (b) Date thereof 3/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sweden Cemetery

18. (a) Signature of funeral director R. B. Deen
(b) Address Richland Mo

19. (a) June 8th 1940 (b) Mr. W. J. Clarke
(Interreceived local health officer) (Registrar's signature)

(Licensed Embalmer's Statement, on Reverse Side) Mr. Oliver

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22 year 1940 hour 7 minute 15 am

21. I hereby certify that I attended the deceased from Aug 12 1936, to May 22 1940, that I last saw him alive on May 22 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (general) Duration 19 years
Due to unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

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? 114
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Owett A. Oliver (M. D. or other) _____
Address Richland, Mo. Date signed 3/23/40

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

RECEIVED
District Health Officer No. 71
District File Number 6-40-869
Date filed 6-12-49

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.

Not Embalmed

Signed *RB Leiper*
Licensed Embalmer No. *3198*
P. O. Address *Richland M.*

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.