

S. No. 2  
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5-17-39  
PI X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42526

FILED JAN 10 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 311

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
616 South Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Independence Warrsburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 E Broadway (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Perry Ancil Kanatzar  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-07-0021

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 7  
year 1943 hour 11 minute 10 P M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Suzanne Kanatzar 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased May 14 1905 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1941 to 1943 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary hemorrhage  
Pulmonary tuberculosis

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>6</u>	<u>24</u>	_____ hr. _____ min.

Due to Pulmonary tuberculosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy swollen

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

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Mechanic

MOTHER FATHER {  
11. Industry or business Schulenberg Motor Co.  
12. Name Andrew Kanatzar  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Ada Meta Roberts  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or Ch. P.)  
Address [Signature] Date signed 12/8/43

16. (a) Informant Suzanne Kanatzar  
(b) Address Columbia Mo.  
17. (a) Removed (Burial, cremation, or removal) (b) Date thereof 12-8-1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia, Mo.  
18. (a) Signature of funeral director C. C. Carson  
(b) Address Independence Mo.  
19. (a) 12-8-1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

JAN 18 1948

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 *Lloyd C. Bacon*  
Licensed Embalmer No. *4199*  
P. O. Address *Independence, 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, fact should be so stated above.