V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23758

FILED AUG 3 1945

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Clay

(b) City or town (Rural) Gallatin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: #5 North Kansas City Mo 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs (Specify whether

In this community 10 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. #5 North Kansas City Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert R.H. Janzen

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 486-10-4623

4. Sex M C

5. Color or race wht

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

6. (b) Name of husband or wife Silvia F. Janzen

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan (Month) 9 (Day) 1896 (Year)

8. AGE: Years 49 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Marquitte (City, town, or county) Mich 1 (State or foreign country)

10. Usual occupation U.S. Employment Service

11. Industry or business

FATHER
12. Name William Janzen
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace ~~Mo~~ (City, town, or county) (State or foreign country)

16. (a) Informant Silvia F. Janzen

(b) Address #5 North Kansas City Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7 (Month) 25 (Day) 45 (Year)

(c) Place: burial or cremation Elmwood Cemetry

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City Mo

19. (a) July 24 1945 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Coroners Case, 19 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death By coming in contact with electric wires in attic of home

Due to

Due to repairing same

Other conditions 1st degree Burns on arms and hands (Include pregnancy within 3 months of death)

Major findings:
Of operations 1st degree Burns on
Of autopsy chest

Duration

PHYSICIAN

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) accident

(b) Date of occurrence July 21 1945 24

(c) Where did injury occur? North Kansas City (City or town) Clay (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Home) No Kansas City Mo R5 (Specify type of place)

While at work? Home (e) Means of injury Electric Shop

23. Signature John S Morton (M. D. or other) Coroner

Address No Kansas City Mo Date signed 7/2/45

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1945

AUG 7 1945

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 John S Morton

Licensed Embalmer No. 4346

P. O. Address No A Cole

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.