. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26420

State File No.

FILED AUG 22 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3327

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 810 E. 40th STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 9
(If outside city or town limits, write "RURAL")

(d) Street No. 810 EAST 40th 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME BILLY CONRAD GANZ

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER 24-1929 (Month) (Day) (Year)

8. AGE: Years 15 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation Scholar

11. Industry or business WESTPORT HIGH SCHOOL

FATHER
12. Name WILLIAM GANZ
13. Birthplace LUDWIEHSAFEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARTHA METZ
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant William Ganz Jr.
(b) Address 810 East 40th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Lawrence Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1945 hour 4:15 minute P M.

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

Immediate cause of death Gun shot wound of head

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 184-8

Major findings: Of operations 17

Of autopsy no

History & Impression

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 8-6-45 123

(c) Where did injury occur? 810 E. 40 KC Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In house (Specify type of place)

While at work? no (e) Means of injury 22 Rifle

23. Signature Jacob Walker (M. D. or other) Coroner

Address 1424 Independence Date signed 8-6-45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.