S. No. 2
M—2-43
. 5-17-39
P1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27262

FILED AUG 19 1946

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 3345

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: Kansas City Tbc. Hosp. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 mos. (Specify whether years, months or days) In this community yes lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4044 Campbell (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ganzer, Theresa Moilen

3. (b) If veteran, name war — no.

3. (c) Social Security No. 496-03-2716

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Ann W. Ganzer

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August (Month) 20 (Day) 1905 (Year)

8. AGE: Years 40 Months 11 Days ~~18~~ 12 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business home.

FATHER
12. Name Moilen Michael Moilen
13. Birthplace Ireland Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Crosby Elizabeth
15. Birthplace E. St. Louis Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. Tbc. Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 8-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1946 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept. 5, 1945 to Aug. 2, 1946 that I last saw her alive on August 2nd 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 K

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. L. Coffman (M. D. or other) M.D.

Address K. C. Mo. Date signed 8/2/46

(Licensed Embalmer's Statement on Reverse Side)

40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.