S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35360

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 240

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital O
(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 Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 418 No Moulton 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Jesse Kanatzer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male O
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 Mch (Month) 3rd (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	18	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Andrew Kanatzer
13. Birthplace ..... (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name Ann E Perkins
15. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant Mrs Mose Alexander
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Oct 24-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 2/24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22nd year 1947 hour 10 minute 20 a M.
21. I hereby certify that I attended the deceased from Sept 25, 1947, to Oct 22, 1947 that I last saw him alive on Oct 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	4 da
Due to: Prostitis	1 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 0	
Of autopsy	

PHYSICIAN — Underline the cause of 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 2
23. Signature Benj S Jolly or other O.D.
Address Moberly, Mo Date signed 10-24-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-47-149
Date Filed NOV 3 1947

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.