

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **1027**

FILED MAR 20 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Missouri - 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 **A.C. Gen. Hosp. No. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**  
(Specify whether \_\_\_\_\_)

In this community **45 yrs.**  
years, months or days

3. (a) PRINT FULL NAME **Ben Anch**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **MD** Color or race **W**

5. Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Calogera**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

8. AGE: Years **74** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Paddle. (Fruit)**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **Ben Anch**

13. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Abbott**

15. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Anch**

(b) Address **500 S Belfontaine**

17. (a) **Burial** (b) Date thereof **3/19/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wm. H. Marys.**

18. (a) Signature of funeral director **Subelas**

(b) Address **City**

19. (a) **3-6-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **538 Tracy** **8**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**  
year **1948** hour **3** minute **05 A.** M.

21. I hereby certify that I attended the deceased from **2-26-48** 19, to **3-5-48** 19, that I last saw him alive on **3-5-48** 19, and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema due to Congestive Heart Failure**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Squamous Cell carcinoma of mouth**  
(Include pregnancy within 3 months of death)

Major findings: **450**

Of operations \_\_\_\_\_

Of autopsy **See above**

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 \_\_\_\_\_

23. Signature **Wm. H. Marys** (M.D. or other) **MD**  
Med. Dir. K.C. Gen. Hosp. K.C. MO  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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 \_\_\_\_\_

*Ray E. Snow*

\_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

*2560*

P. O. Address \_\_\_\_\_

*150 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.