S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8704

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1268

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.T.B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 yrs. 5 mo. 26 d. (Specify whether years, months or days)
In this community: 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4801 E. 24th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GANZER, OREN W.
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 496-01-4612
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced:
6. (b) Name of husband or wife: Theresa M. Ganzer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 12 (Day) 1903 (Year)

8. AGE: Years 44 | Months 3 | Days 9 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Advertising man
11. Industry or business: Cook Paint & Varnish Co.
FATHER
12. Name: Ganzer, Charles A.
13. Birthplace: Jackson Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: King, Malinda
15. Birthplace: Jackson Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: K.C.T.B. Hospital
(b) Address: Leeds Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 3-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 21 year: 1948 hour: 12 20 minute: A M.
21. I hereby certify that I attended the deceased from Sept. 24, 1945 to March 21, 1948 that I last saw him alive on March 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: TBK	
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:
23. Signature: William David May (M. D. or other) M.D.
Address: K.C., Mo. Date signed:

Jefferson City Printing Co. (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 Max H. Kirkendoll, Registered Apprentice No. 86, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.