

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36547  
Registrar's No. 4437

Registration District No. 149 Primary Registration District No. 1002

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: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week  
 (Specify whether  
 In this community 37 years  
 years, months or days)

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. 2701 East 51st St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME WESLEY E. GANOW  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 31  
 year 1948 hour 2: minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Oct 25  
 1948, to Oct 31, 1948  
 that I last saw him alive on Oct 31, 1948  
 and that death occurred on the date and hour stated above.

4. Sex MaD 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Maudie M. Ganow  
 6. (c) Age of husband or wife if alive 38 years  
 7. Birth date of deceased March 20 1891  
 (Month) (Day) (Year)

Immediate cause of death  
 Acute Circulatory Failure. 18 hr  
 Due to Arteriosclerotic Heart Disease  
 Due to Diabetes  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy Scarc'd Myocardium

8. AGE: Years Months Days If less than one day  
 57 7 11 hr. min.

9. Birthplace Logansport Indiana  
 (City, town, or county) (State or foreign country)

10. Usual occupation Proprietor  
 11. Industry or business Broadway Cleaners

MOTHER FATHER  
 12. Name James A. Ganow  
 13. Birthplace No Record  
 (City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace No Record  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maudie M. Ganow  
 (b) Address 2701 East 51st St.

17. (a) Burial (b) Date thereof 11-3-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. W. Wagner  
 (b) Address Kansas City, Mo.

19. (a) 11-1-48 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

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?

While at work (Specify type of place)  
 (c) Means of injury  
 Signature J. D. Bennett (M. D. or other) M.D.  
 Address Kansas City Mo Date signed 11-1-48

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

177 5438  
D. J. ...

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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 Alvin R. Harnschke

Licensed Embalmer No. 4159

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.**