S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40206

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5182

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

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: Burlington Tracks ~~North of~~ KANSAS City, MO. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 36 Yrs, Kansas City, Kansas
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2315 Silver Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John J. Kanan

3. (b) If veteran, name war W.W. No. 1

3. (c) Social Security No. 510-05-0374

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sadie Kanan

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 27 (Day) 1889 (Year)

8. AGE: Years 59 Months 8 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Clarksdale (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Employee

11. Industry or business K.C. Structrial Steel Co.K.C.K.

FATHER
12. Name Dennis Kanan
13. Birthplace Hillsbourough (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Mary Brown
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Sadie Kanan 1

(b) Address 2315 Silver Kansas City, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery, K.C.K.

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th. St. K.C.K.

19. (a) 12-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th.
year 1948 hour 6 55 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Crush injury of head—

Due to Chest & abdomen

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 1950

Of autopsy no 4D
History & Inspection

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) Do not know

(b) Date of occurrence 12-19-48 83

(c) Where did injury occur? Platte County (City or town) (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place 3
(Specify type of place)

While at work? no (e) Means of injury R.R. Train

23. Signature James C. Walker (M. D. ~~or other~~ Coroner)
Address 1424 Prof Bldg Date signed 12-21-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

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.