

STANDARD CERTIFICATE OF DEATH

State File No. 27156

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 4049	Registrar's No. 38
1. PLACE OF DEATH a. COUNTY Boone 0100		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give town) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) Centralia		
c. LENGTH OF STAY (in this place) 5 YRS.		d. STREET ADDRESS (If rural, give location) E. Sneed St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Helen Nursing Home				
3. NAME OF DECEASED a. (First) James (Type or Print)		b. (Middle) S.		c. (Last) Kanatzar
4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 - 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July - 29 - 1868	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Boone Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James W. Kanatzar		13b. MOTHER'S MAIDEN NAME Sarah F. Sexton	14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. G. Burton, St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmitie of Old age ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerular Nephritis DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 Year Five Years Several Years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Bojning Arteriosclerosis Sanguine & that few months		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21-52 19, to 9-8-52 19, that I last saw the deceased alive on 9-6-52 19, and that death occurred at 8:05 PM, from the causes and on the date stated above.				
23a. SIGNATURE J. P. S. [Signature]		23b. ADDRESS Centralia Mo		23c. DATE SIGNED Sept. 8 - '52
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Sept. 10 - 1952	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Mo.	
DATE REC'D BY LOCAL REG. Sept. 10 - 1952	REGISTRAR'S SIGNATURE Maud M. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE J. Ballou, Centralia, Mo.		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul J. Baller

Licensed Embalmer No. 4206

P. O. Address Centuria, 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.