

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8749

State File No.

1013

FILED MAR 25 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 10 months		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1615 East 35th Street		e. STREET ADDRESS (If rural, give location) 1615 East 35th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Karl b. (Middle) J. c. (Last) KANNGIESSER		4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-5-75
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Kanngiesser		13b. MOTHER'S MAIDEN NAME Gertrude ---	
14. NAME OF HUSBAND OR WIFE Elizabeth Kanngiesser		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. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Kanngiesser, 1615 E. 35th	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder (urinary) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage and Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inability to take food	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation - Diagnosis from Biopsy 1/40	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 yr	
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) Quincy		21d. (STATE) Illinois	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Mar 24, 1953 , to Mar 6, 1954 , that I last saw the deceased alive on Feb 7, 1954 , and that death occurred at 1:50 p m. , from the causes and on the date stated above.	
23a. SIGNATURE Tony G. Dillon M.D.		23b. ADDRESS 5825 Fontaine Drive, Muehlenberg, Mo.	
23c. DATE SIGNED Mar 6, 1954		24. LOCATION (City, town, or county) (State) North Kansas City, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-54	
24c. NAME OF CEMETERY OR CREMATORY White Chapel Me. Gardens		24d. LOCATION (City, town, or county) (State) North Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-6-54		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed.....
Arthur Eugene Ho

Licensed Embalmer No..... 49

P. O. Address..... R. C. T.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.