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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1955

State File No. **4791**  
**751**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (in this place) <b>30 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>				STREET ADDRESS (If rural, give location) <b>114 No Denver</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Joseph</b>	b. (Middle) <b>Peter</b>	c. (Last) <b>Ganter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2/17/55</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <b>wid.</b>		8. DATE OF BIRTH <b>7/16/1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>M O P Railway</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bradford, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>Valentine Ganter</b>			13b. MOTHER'S MAIDEN NAME <b>Rosa Sauer</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Ganter, (Dec)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>702-14-5862</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Rose Ganter, Atchison, Kans.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>lower nephron nephrosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>post-operative</b>  <b>6/10 X</b>  <b>three days</b>	
19a. DATE OF OPERATION <b>Feb. 5, 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>benign prostatic hypertrophy</b>				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) (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 <b>Feb. 2, 1955</b> , to <b>Feb. 17, 1955</b> , that I last saw the deceased alive on <b>Feb. 17, 1955</b> , and that death occurred at <b>6:30 P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. B. Castles</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>1002 Argyle Building Kansas City, Missouri</b>		23c. DATE SIGNED <b>Feb. 18, 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>2-18-55</b>		REGISTRAR'S SIGNATURE <b>Wm Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John P. Sheil, K. C. Mo.</b>					

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

APR 1 1955

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard C. Carroll*.....

Licensed Embalmer No. *482*

P. O. Address *A. C. S. M.*

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.