

Registration District No. 399

Primary Registration District No. 1002

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:  
4418 Washington Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: --- (Specify whether  
In this community 30 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Ganzer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Frederick Ganzer 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January 19 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 1 17 7 hr. 1 min.

9. Birthplace Bern Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

12. Name Jacob Bopp

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Neighbor

(b) Address 4418 Washington St.

17. (a) Burial (b) Date thereof March 6 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Ganzer Cemetery

(c) Place: burial or cremation 4 Miles S. Raytown, Mo.

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) Mar 6 1940 (b) M. M. Brown  
(Date received by registrar) (Registrar's signature)

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. 4418 Washington Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 7 5/8 YRS years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 24  
1939 to Mar 4 1940  
that I last saw her alive on 3/2 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia Duration 3 days

Due to Influenza Ha

Due to Influenza

Other conditions no tob. abd  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

10. no (Specify type of place)  
While at work? no (e) Means of injury no!

23. Signature J. F. Mackel (M.D. or other)

Address Kansas City Mo Date signed 3-5-40

5880 Greenwood Hwy  
10.3.38

**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 Kenneth Payne

Licensed Embalmer No. 4128

P. O. Address 1309 Birch Creek K.C.

**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, above space should be left blank.**