

FILED FEB 7 1946

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

367

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Marquette Lodge under the Bridge?  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 29 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town Kansas City MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1048 E 5th St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Joseph Anck

3. (b) If veteran,

name was World War Two

3. (c) Social Security

No. 499-16-0015

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
year 1946 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Losover, 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

Pun shot wound of head

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations.....

Of autopsy yes - as above

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

(c) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 1-22-46

(c) Where did injury occur Marquette Lodge, Kansas City, MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

While at work? no (e) Means of injury fatal

23. Signature Jamil Walker (M.D. or other) 2

Address 1424 N. Main St. Mo. Date signed 1-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

8. AGE: Years Months Days If less than one day  
29 7 3 hr. min.

9. Birthplace Kc Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Benedict Anck

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

14. Maiden name Calogera Nuccio

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

16. (a) Informant Ann Anck

(b) Address 1048 E 5th

17. (a) Burial (b) Date thereof 1/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director Lebbeta

(b) Address city

19. (a) 1-23-46 (b) Edw. Holmes  
(Date received local registrar) (Registrar's signature)

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *F. S. Walton* .....

Licensed Embalmer No. *2744* .....

P. O. Address..... *K. C. MD* .....

**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.**