

No. 2  
12-45  
1-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4763

State File No.

Registrar's No.

891

Registration District No. 149

Primary Registration District No. 1002

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:  
4927 So BENTON I  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days WIFE

3. (a) PRINT FULL NAME NEAL ROGER CANSLER

3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 15 1944  
(Month) (Day) (Year)

8. AGE: Years 2 Months 11 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business \_\_\_\_\_

12. Name HERSHEL ELDON CANSLER

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

14. Maiden name ANNA MARY SCHMIDT

15. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. HERSHEL E. CANSLER  
(b) Address 4927 SOUTH BENTON

17. (a) BURIAL (b) Date thereof FEB 28 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director R. H. Newcomer, D.O.  
(b) Address 1401 Brush Creek Bldg.

19. (a) 2-27-47 (b) Geraldine Holmes  
(Date received local 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. 4927 So BENTON I  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 26th  
year 1947 hour 4 minute 7 A.M.

21. I hereby certify that I attended the deceased from 8-4-46  
19 to 2-25-47 19  
that I last saw him alive on 11-1-44  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Meningococcus meningitis  
& Septicemia  
Duration 24 hrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify means of injury)

23. Signature Ernest L. Glasscock, M.D.  
Address 507 Bryant Bldg. Date signed 2-26-47

11-12-2-5

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

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