

REC'D FEB 20 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1085

Do not use this space.

98

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 98  
 (c) City Kansas City, Missouri. (d) Street No. 3020 Euclid Avenue, K.C. Mo. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Elizabeth Knief,

(a) Residence, No. 3020 Euclid Avenue, K.C. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Knief  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth, Kansas  
 FATHER 13. NAME Herman Boxman,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record  
 MOTHER 15. MAIDEN NAME No Record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Frederick Knief,  
 (ADDRESS) 3020 Euclid Avenue, K.C. Mo.  
 18. BURIAL, CREMATION, OR REMOVAL at Leavenworth, Ks.  
in the Mt. Calvary Cem. DATE Jan. 10, 1939  
 19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
 (ADDRESS) Kansas City, Missouri.  
 20. FILED Jan 9 1939 M. M. Browne  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH:

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1938 to Jan 6, 1939  
 Last saw her alive on 6 Jan. 1939. Death is said to have occurred on the date stated above, at 8; A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset  
925

Other contributory causes of importance:

Anemia  
 Name of operation None Date of Jan  
 What test confirmed diagnosis? Went Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 7th Injury  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) A. R. Jones, M. D.  
 (Address) 309 E 10th

Phone

309-6100

2-4 pm

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**