

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

22319
 Do not use this space.

DEC'D JUNE 15 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403
 (b) Township Newbern Primary Registration District No. 5557 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

543 Kate De Veau Knowlton
 (a) Residence, No. 56th & Blue Ridge St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byron P. Knowlton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 25

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. None
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

FATHER
 13. NAME Andrew De Veau
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

MOTHER
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. May Willoughby
 (ADDRESS) 56th & Blue Ridge City off

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE June 6th 1939

19. FUNERAL DIRECTOR (NAME) Bentley Guardian Home
 (ADDRESS) 5811 Proast

20. FILED 65 1939 McEubank
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939
 22. HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938, to June 4, 1939
 I last saw her alive on June 4, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset May 1, 1939
Hypertension and Myocardial Degeneration Oct. 1, 1938
 Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify John F. Caldwell, M.D.
 (Signed) 3150 (Address) 636 Argyle Bldg Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILLING IN WITH GRADING INSTRUMENTS IS A PERMANENT RECORD

I X 1023

6-7

Dr. Caldwell (John K.)

5243 - Residence - 51st & Highland
Highland office - Argyle Bldg.

" - 31st & Benton

Dr. Embank
Raytown, Mo.

63rd St. Raytown
Mo.



On 63rd St. north
side - first house on
west side of block

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 Ray Buffington

Licensed Embalmer No. 2756

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, above space should be left blank.