

REC'D AUG 7 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

24620

Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSONRegistration District No. 395(b) Township RAWPrimary Registration District No. 1002Registered No. 2833(c) City KANSAS CITY(d) Street No. 5713 MERSINGTON St.(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Joseph F. Knelanger. Known as Jimmie Jones.(a) Residence, No. 5713 MERSINGTON 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

MALE

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 OFMRS. GRACE JONES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

JULY-19-1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.431124

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

BILL POSTER

9. Industry or business in which work was done, as saw mill, bank, etc.

MERRITT SIGN CO.

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)LOUISVILLE  
KENTUCKY

13. NAME

Unk. Knelanger14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT  
(ADDRESS)MRS. GRACE JONES  
5713 MERSINGTON

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Floral Hills

DATE

7-15-3919. FUNERAL DIRECTOR (NAME)  
(ADDRESS)D.W. NEWCOMER'S SON  
July 14/39 M. M. Groom

20. FILED

JULY 14 1939

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-12-1939

22. I HEREBY CERTIFY, That I attended deceased from

4/2819.39. to 7/12

19.39.

I last saw him alive on 7/12 19.39. Death is saidto have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Luetic Aortic Regurgitation

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? EKG & X-RAY 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

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

(Signed)

George C. Lee

M. D.

(Address) 730 Professional Bldg.

11-3

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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 \_\_\_\_\_

Licensed Embalmer No. 4043

P. O. Address A.C.M.

**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.**