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7-39
X21492

Registration District No. **399**

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 1315 Charlotte St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution in 1958. 20-40 to 30-38 (Specify whether years, months or days)
In this community 55 Years

3. (a) PRINT FULL NAME Lee ROY KNEEDLER
(b) If veteran, name war None
(c) Social Security No. 534-124-496-09-0424

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mrs. Vonie Kneadler 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased December 27 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 25 hr. min.

9. Birthplace Booneville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Molder -- Retired

11. Industry or business Weber Gas Engine Works

MOTHER FATHER { 12. Name John Kneadler
18. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Georgia Ann Dumavant
15. Birthplace Booneville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Georgie Runkle
(b) Address 2013 Kansas Avenue

17. (a) Burial (b) Date thereof May 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. V. Weaver
(b) Address 1401 Brush Creek Blvd.

19. (a) May 24, 1940 (b) _____
(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 limit, write "RURAL")
(d) Street No. 1315 Charlotte St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1940 hour 5 minute 18 P. M.

21. I hereby certify that I attended the deceased from April 20th, 1940 to May 12th, 1940
that I last saw h. im. alive on May 12th, 1940, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to _____

Other conditions Hypertensive heart disease
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy None

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury !

23. Signature R. D. Manna M.D. (M. D. or other)
Supt. K. C. Gen. Hospital May 23, 1940
Address _____ Date signed _____

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

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 K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17607

Registration District No.

Primary Registration District No.

Registrar's No. 2134

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: 1315 Charlotte Home
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-20-40 to 4-30-40
In this community 5.5 yrs. -
years, months or days

3. (a) PRINT FULL NAME Lee Roy Kneedler -

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex 5. Color or race
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased..... (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:

Of operations.....

Of autopsy.....

Duration

PHYSICIAN

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-17607

Handwritten signature