

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41291**
Registrar's No. **4684**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K. C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **JOHN A. KNEIB**

3. (b) If veteran, No **No**
name war **No**
3. (c) Social Security No. **492-14-0053**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna Kneib**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **February 27, 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **10**
If less than one day hr. min.

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Packer**

11. Industry or business **H. D. Lee**

12. Name **August Kneib**

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

14. Maiden name **Elizabeth Reiter**

15. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna Kneib**

(b) Address **4338 Fairmount**

17. (a) **Burial** (b) Date thereof **12/10/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **W. H. Crowe**

(b) Address **1101 E. 12th**

19. (a) **12-9-40** (b) **M. M. Crowe**
(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. **4338 Fairmount**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **27** year **1940** hour **8:12** M.

21. I hereby certify that I attended the deceased from **12/27/40** to **12/27/40** that I last saw **alive** on **12/27/40** and that death occurred on the date and hour stated above.

Immediate cause of death **Crushing Injury of Chest + abd**
Due to **Automobile + Laceration**
Due to **Automobile + Laceration**
Other conditions **Pedestrian**
(Include pregnancy within 3 months of death)

Major findings: **210 lbs**
Of operations **21**
Of autopsy **21**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **12-7-40**
(c) Where did injury occur? **KC Jackson mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Street**

While at work? **(Specify type of place)**
23. Signature **W. H. Crowe** (M. D. or other)
Address **1101 E. 12th** Date signed **12/10/40**

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

mc

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.....

Harold Perry

Licensed Embalmer No. *4099*

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.