No. 2
4-13-40
5-17-39
1 X 2 PRINT

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41862

JAN 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1305

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

1. PLACE OF DEATH:

(a) County Buchanan County,

(b) City or town St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township) 5

(c) Name of hospital or institution: State Hospital No. 2. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5yrs, 4 mo. (Specify whether

In this community — 5yrs. 4 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson Co.

(c) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1000 East 8th Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MARSHALL-J-KNOX

3. (b) If veteran, name war — NO

3. (c) Social Security No. — NO

4. Sex Male.

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife May Knox

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept (Month) 11 (Day) 1867 (Year)

8. AGE: Years 73, Months 3, Days 2, If less than one day ..... hr. ..... min.

9. Birthplace North Carolina. (City, town, or county) (State or foreign country) 1

10. Usual occupation Watchman,

11. Industry or business BANKERS-PROTECTIVE-ASSO.

FATHER
12. Name Wm Knox,
13. Birthplace North Carolina. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Anna KNOX
15. Birthplace ..... (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Mrs May Knox

(b) Address 504 Woodland K.C.Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD-CEM-KANS. CITY-MO

18. (a) Signature of funeral director Roy Stamey Co

(b) Address St Joseph Mo

19. (a) Dec 16, 1940 (Date received local registrar) (b) H. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th year 1940 hour 5;15 A.M. minute A M.

21. I hereby certify that I attended the deceased from Aug. 13, 1940 to Dec. 13, 1940 that I last saw him alive on Dec. 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur — Duration 3 days

Due to Arteriosclerosis — 2

Due to

Other conditions marked gen. infeeblement (Include pregnancy within 3 months of death) myocardosis

Major findings:
Of operations C
Of autopsy Chronic cardiac fibrosis "scaring"

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) Fell from bed,

(b) Date of occurrence Dec. 10, 1940.

(c) Where did injury occur? St. Joseph, (City or town) - Buchanan (County) - Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital #2, Ward Park 5. (Specify type of place)

While at work? Bed Pt. (e) Means of injury fell from Bed.

23. Signature T. T. O'Dell (M. D. ~~[illegible]~~)

Address St. Joseph, Mo. Date signed 12/13/40

(Licensed Embalmer's Statement on Reverse Side)

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 John H. Hurley, Registered Apprentice No. ..... working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo.

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

If this body is not embalmed, fact should be so stated above.