

No. 2
1-4-41
17-39

X28390
248

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

Registration District No. **1602**

Primary Registration District No. **1602**

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: O.K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3616 Anderson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward LeRoy Knobbe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 13 min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Norman Knobbe

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

14. Maiden name Gladys Strange

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

16. (a) Informant J.E. Strange

(b) Address 3616 Anderson

17. (a) Removal (b) Date thereof 6-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord, Mo.

18. (a) Signature of funeral director Rose & Henderson

(b) Address City

19. (a) 6-12-41 (b) M. M. Crook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1941 hour 8:00 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from 6-11-41 to 6-11-41
that I last saw him alive on 6-11-41
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) _____
Means of injury _____
23. Signature Walter R. Shain (M. D. or other) _____
Address Med. Ir. K.C. Gen. Hospital Date signed 6-12-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *J. E. Henderson*
Licensed Embalmer No. *3693*
P. O. Address *R. E. 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, fact should be so stated above.