

21
39
26390

Registration District No. _____

Primary Registration District No. 3019

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If 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. 804 Glenwood
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth V. Knight

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Judge J. H. Knight 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased August 18 1872
(Month) (Day) (Year)

8. AGE: 68 Years 10 Months 16 Days If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Timothy Ellington
13. Birthplace no record England
(City, town, or county) (State or foreign country)
14. Maiden name Maria Salt
15. Birthplace no record England
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Knight

(b) Address 804 Glenwood

17. (a) Burial (b) Date thereof 7/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washburn Cem

18. (a) Signature of funeral director George C. Gason
(b) Address Independence, Mo
19. (a) July 1st 41 (b) _____
(Date reported to local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1938
_____ 19 _____ to June 29 19 41;
that I last saw her alive on June 29 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis

Due to: Valvular Heart disease aortic stenosis

Due to: Left Heart Hypertrophy

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

Major findings: _____
Of operations: 92 IV
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Shelton (M. D. or other) MD
Address 10307 Dupuy Ave Date signed 7/18/41

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

OCT 23 1941

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..... *Raymond W. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Independence 2*

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.