

No. 2
4-13-40
17-20
FILED JAN 24 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41109
4790
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: Kansas City
(c) Name of hospital or institution: Major Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 weeks
In this community: None 0 years, months or days

3. (a) PRINT FULL NAME: Mrs Jennie KNIGHT
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fred Knight
6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: August 12, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER { 12. Name: John W. Stiffler
13. Birthplace: Penn.
(City, town, or county) (State or foreign country)

14. Maiden name: Amanda Clearwater
15. Birthplace: Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Marguerite Knight
(b) Address: Carthage, Mo.

17. (a) Removal (b) Date thereof: 12/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Carthage, Missouri
Mellody - McGilley

18. (a) Signature of funeral director: K.C.Mo.
(b) Address:

19. (a) 12/23/41 (b) M M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 049
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1008 South McGregor St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd
year 1941 hour 12 minute 5 P.M.
21. I hereby certify that I attended the deceased from Nov 8th 1941, to Dec 22nd 1941;
that I last saw her alive on Dec 22nd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Occlusion of the coronary arteries
Due to: Cerebral Thrombosis
Due to: Manic Depressive Psychosis
Other conditions: 940
(include pregnancy within 3 months of death)

Major findings: Of operations: none
Of autopsy: as above
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: Hermann S. Major (M. D. or other):
Address: 3/00 Laurel Ave. H.C.Mo. Date signed: 1/24/42

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. *2999*

P. O. Address *KC*

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.