

No. 2
4-13-40
5-17-39
PI X23159

State File No. 44410
Registrar's No. 47910

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 Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 17 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George M. Knopinski
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex White 5. Color or race Male 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 1879 years
7. Birth date of deceased March 8, 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Patterson, N. Jersey (City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Owner

11. Industry or business

MOTHER FATHER { 12. Name Joseph Knopinski
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant George M. Knopinski, Jr.
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri

18. (a) Signature of funeral director W. K. O. [Signature]
(b) Address

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 39
(d) Street No. 25 West 38th (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 1941
year hour 8 PM M.

21. I hereby certify that I attended the deceased from 12/11/41 to 12-27-41 1941
that I last saw h. alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arsemia
Due to Broncho Pneumonia

Due to 131 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Chronic Subacute Nephritis
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 [Signature] (M. D. or other)
Address 315 [Address] Date signed

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 J. Conroy
working under my personal supervision.

Registered Apprentice No. *307*

Signed *Charles M. Zwick*

Licensed Embalmer No. *3634*

P. O. Address *S. C. 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.