S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1942

Registration District No. 998

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5554

State File No. 42032

Registrar's No. 348

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**1. PLACE OF DEATH:**

(a) County: Jackson

(b) City or town: Fairmount Sta Kansas City (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City, Fairmount Sta. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 533 Cedar 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: JOSEPH KNIGHT

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male ✓

5. Color or race: white

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

6. (b) Name of husband or wife: Flora H. Knight

6. (c) Age of husband or wife if alive: 87 years

7. Birth date of deceased: September 9, 1854 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 87 | 3 | 21 | ..... hr. ..... min. |

9. Birthplace: Manchester, England ✓ (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer & worker for

11. Industry or business: Salvation Army

FATHER
12. Name: Peter Knight - deceased
13. Birthplace: no record ✓ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Knight - deceased
15. Birthplace: no record ✓ (City, town, or county) (State or foreign country)

16. (a) Informant: Flora H Knight
(b) Address: 533 Cedar, Fairmount Sta.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cemetery

18. (a) Signature of funeral director: L. H. Blackmar & Son
(b) Address: 2825 Independence Blvd.

19. (a) Jan 3 1942 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: December day: 30
year: 1941 hour: Four minute: 50 M.

21. I hereby certify that I attended the deceased from Aug-5-41, 19..., to Dec-26, 1941; that I last saw him alive on Dec-26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia and Cyanosis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): 107

Major findings:
Of operations .....

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? .....
While at work? ..... (Specify type of place) (e) Means of injury: 0

23. Signature: Fred C. Hinz (M.D. ~~or other~~)
Address: 10205 Independence Rd K.C. Date signed: 1-2-42

360 (Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

JUN 8 1946

## 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 E H Blackmar

Licensed Embalmer No. 2244

P. O. Address.....

**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.**