

DEC 31 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 380

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence, mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
730 N. Osage Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson County  
(c) City or town Independence mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 730 N. Osage Street  
(If rural give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Knagheide Florence Frederick  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 8  
year 1941 hour 4 minute P. M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mathilda 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased January 14 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 18, 1941 to Dec 8, 1941;  
that I last saw him alive on Dec 8, 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>24</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage  
The 4th one  
Due to Cardio-renal disease  
with hypertension  
Due to.....  
Duration 2 hours

9. Birthplace Holstein mo (Warren County)  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Frederick William Knagheide  
13. Birthplace Warren County, mo  
(City, town or county) (State or foreign country)  
14. Maiden name Mathilda Schneider  
15. Birthplace Warren County, mo  
(City, town, or county) (State or foreign country)

Other conditions..... (Include pregnancy within 3 months of death)  
Major findings: 131a  
Of operations.....  
Of autopsy no autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Missie Knagheide  
(b) Address 730 N. Osage, Ind. mo.  
17. (a) Burial (b) Date thereof 11-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn

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.....

18. (a) Signature of funeral director Off + Mitchell  
(b) Address Independence mo.  
19. (a) Dec 10 41 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

23. Signature H. Waller (M. D. or other) Mo.  
Address Independence, Mo Date signed 12-9-41

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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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Henry G. Mitchell  
Licensed Embalmer No. 3925  
P. O. Address Indep. 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.