

FILED SEP 3 1942  
 Registration District No. **749**

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**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2202 A East 31st /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **xx**  
(Specify whether years, months or days)

In this community **60 years**  
(Specify whether 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. **2202 A East 31st St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Anna Knelle**

3. (b) If veteran, name war **xx** 3. (c) Social Security No. **None**

4. Sex **Fe** / 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles Knelle** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **September 19 1870**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18th**  
 year **1942** hour **3:** minute **45** A. M.

21. I hereby certify that I attended the deceased from **April 8**  
 1942 to **Aug. 18** 1942  
 that I last saw h. **su** alive on **Aug. 18<sup>th</sup>** 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **10** Days **29**  
(hr. min.)

If less than one day

Immediate cause of death **Oedema of Lunge** **3 days**

Due to **Pyoderma Nengenosa** **5 mo.**  
**Pyogenic Infection**

Due to **Arterio-Sclerosis** **5 yrs**

9. Birthplace **Feldrennach** **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death) **97**

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name **Frederick Fauth**

{ 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **No Record**

{ 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

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 **James J. Flynn** (M. D. or other) **M.D.**  
 Address **2204 E. 31st St.** Date signed **8/18/42**

16. (a) Informant **Charles Knelle**

(b) Address **2202 A. East 31st St.**

17. (a) **Burial** (b) Date thereof **8-20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **J. W. Wegner**

(b) Address **Kansas City, Mo.**

19. (a) **8-20-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

361

2204-a E 21  
WA 7939

**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 Alvin R. Hunscheld

Licensed Embalmer No. 4159

P. O. Address Stamman city 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.**