

FILED OCT 5 1942

Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4321 Myrtle Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community 30 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 4321 Myrtle Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Charles A. McKnight.

3. (b) If veteran, name war None (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Vida McKnight 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 13th, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>10</u>	hr. min.

9. Birthplace Garnett Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business

12. Name Thomas McKnight.

13. Birthplace New York /
(City, town, or county) (State or foreign country)

14. Maiden name Emilia Brown

15. Birthplace England /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vida McKnight.

(b) Address 4321 Myrtle Ave.

17. (a) Burial (b) Date thereof 9/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill.

18. (a) Signature of funeral director Melody-McGilley.

(b) Address K. C. Mo.

19. (a) 9/27/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd
 year 1942 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Arma, 19...
 that I last saw h... alive on... 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with old myocardial infarction; hypertrophy and dilatation of heart. Terminal broncho pneumonia. Duration

Due to gva
 Other conditions gva
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy See above
 Underline the cause to which death should be charged statistically.

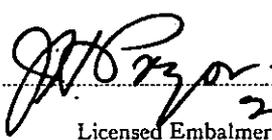
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work Arma (Specify type of place) (e) Means of injury gva
 23. Signature Arma (M.D. or other) 9/27/42
 Address Arma Date signed 9/27/42

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.....

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.