

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4935

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital of institution 24 Days
 In this community 35 Years
 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. 6031 Central Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Georgia Belle Knapheide
 3. (b) If veteran, name war No
 3. (c) Social Security No. 500-22-8952

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Julius E. Knapheide 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased September 25 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 3 5 hr. min.

9. Birthplace Russellville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Bank Teller

11. Industry or business First National Bank

MOTHER { 12. Name John A. Dixon
 13. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name ATTIE HILL
 15. Birthplace Wellington Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Julius E. Knapheide
 (b) Address 6031 Central Street

17. (a) Removal (b) Date thereof Jan. 1, 1943
 (Burial, cremation, or removal) New Hope Cemetery (Year)

(c) Place: burial or cremation Russellville, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd

19. (a) Dec. 31, 1942 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 30th
 year 1942 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from 12-6-42
 to 12-30 1942
 that I last saw her alive on 12-30 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 10 days

Due to Cholecystitis for stones (?)
 Due to Appendicitis

Other conditions (Include pregnancy within 3 months of death) 1 1/2

Major findings: Ball stones. Ch. Appendix. Obstruction to ileum multiple

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?
 _____ (Specify type of place) (e) Means of injury _____

23. Signature C. J. Hest (M. D. or other) _____
 Address Prof. Bldg. 15. C. Date signed 12-31-42

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

59504

Professional Body

MAY 22 1915

4200 ft

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *TC no*

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.