U. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18053

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: N.E. Corner 85th & Hillcrest Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — In this community: 77 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Rural R.R.# 1 Hickman Mills (If outside city or town limits, write "RURAL")

(d) Street No.: N.E. Corner 85th & Hillcrest Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: --

3. (a) PRINT FULL NAME: Mr. Benjamin Franklin 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: Mrs. Effie May Knight

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: July (Month) 26 (Day) 1865 (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace: Jackson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Road Overseer

11. Industry or business: Jackson County Roads

FATHER 12. Name: John Knight

FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Mary Frances Palmer

MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Marie Misenhelter

(b) Address: Hickman Mills

17. (a) Burial (Burial, cremation, or removal) Memorial Park (b) Date thereof: May 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City, Missouri

18. (a) Signature of funeral director: O.K. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 5/13/43 (Date received for registry) (Registrar's signature)

Dr. Annie B. Hedges (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic hypertension hypertrophy heart with failure

Due to:

Due to:

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

Major findings: Of operation: 93d

Of autopsy: See other

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? (Specify type of place)

While at work: (e) Means of injury:

23. Signature: (M. D. or other)

Address: Date signed

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 KC 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.