S. No. 2
OM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41092

FILED DEC 22 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5071

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: NEECE CONVALESCENT HOME 4 2641 FOREST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YEARS (Specify whether
In this community 60 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2641 FOREST AVENUE 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MRS. BERNICE KNUDSEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. K. SKOW KNUDSEN

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MARCH (Month) 28 (Day) 1871 (Year)

8. AGE: Years 72 Months 8 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name ARTHUR McQUILLAN
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name KATHERYN NESBETH
15. Birthplace (City, town, or county) CANADA 2 (State or foreign country)

16. (a) Informant K. SKOW KNUDSEN

(b) Address 3534 WAYNE AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON, MISSOURI

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-2-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30TH year 1943 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Nov 30, 1943 that I last saw her alive on Nov 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to Valvular Heart Lesion	1 yr
Due to Arthritis	2 years
Other conditions (Include pregnancy within 3 months of death) 92 lb	

Major findings:
Of operations

Of autopsy

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 Carla Jackson (M. D. or other) MD

Address 1103 Emmet Date signed 12-7-43

(Licensed Embalmer's Statement on Reverse Side)

1103 East Armour Blvd.

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. K C 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.