

FILED FEB 9 1944  
Registration District No. 1749

Primary Registration District No. 1002

Registrar's No. 285

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 1 day (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  
(If outside city or town limits, write "RURAL")  
(d) Street No. 714 East 8 St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Knight

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced  
6. (b) Name of husband or wife. No Record 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 6 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ky- (City, town, or county) (State or foreign country)

10. Usual occupation Tile Setter

11. Industry or business \_\_\_\_\_

12. Name Marcus Lee Knight  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Cynthia M. Burden  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Miss Lillie Knight  
(b) Address 1520 East 37 St.  
17. (a) Burial (b) Date thereof Jan 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place, burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn

19. (a) Jan 18, 1944 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1944 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
Signature W. E. Brown (M. D. or D.O.)  
Address 23 W. 104 Date signed 1/17/44

**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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address KC mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**