DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1519

Registrar's No. 169

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~~: LAKESIDE HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 4 - DAYS (Specify whether years, months or days)

In this community 75 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 2641 - PARK AVENUE
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MRS. ELIZABETH KNOWLES

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 WIDOWED

6. (b) Name of husband or ~~wife~~ MR. ARCHIE J. KNOWLES

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

7. Birth date of deceased NOVEMBER (Month) 11 (Day) 1855 (Year)

8. AGE: Years 88 | Months 1 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace COLUMBUS (City, town, or county) OHIO (State or foreign country)

10. Usual occupation OPERATED - AT HOME

11. Industry or business WOMAN'S TAILOR SHOP

FATHER
12. Name ROBERT HANCOCK
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARY UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

16. (a) Informant MRS. MINNIE WILSON

(b) Address 2641 - PARK AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 12 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ WOODLAWN - INDEPENDENCE, MO

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

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) Jan 12 1944 (Date received local registrar) (b) E. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1944 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from 1-6-44, 19__ to 1-10, 1944 that I last saw her alive on 1-9-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Mitral stenosis

Due to

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

Major findings:
Of operations

Of autopsy

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 L. James Lannoye (M. D. or other) D.O.

Address 618 Bryant Bldg Date signed 1-10-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

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