

FILED MAR 6 1949
Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 812

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

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 or institution 7-DAYS
(Specify whether years, months or days)

In this community 30-YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MR JULIUS E. KNAPHEIDE

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex MALE 5. Color of race WHITE

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

6. (b) Name of husband or wife MRS. GEORGIA B. KNAPHEIDE

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

7. Birth date of deceased FEBRUARY-2-1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation ATTORNEY AND ACCOUNTANT

11. Industry or business RETIRED

12. Name HENRY KNAPHEIDE

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARIE HACKMANN

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MISS ANETA KNAPHEIDE

(b) Address FAYETTE, MISSOURI

17. (a) Removal (b) Date thereof FEB. 21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RUSSELLVILLE, MISSOURI

18. (a) Signature of funeral director D. V. Newcomer, Done

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-21-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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") ⁸

(d) Street No. 4003 MONTGALL AVENUE
(If rural, give location)

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

If yes, name country _____ ⁰

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 18TH
year 1944 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from FEB. 11
1944, to FEB 18, 1944

that I last saw him alive on FEB 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis ^{7 da}
Duration _____

Due to _____

Due to _____

Other conditions Diabetes, mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 61

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) Means of injury 0

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

Address 1022 Argyle Bldg Date signed 2/19/44

NOV 1 1944

Original Body

JUN 12 1945

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:

A. C. Newcomer Jr.

Licensed Embalmer No. *4043*

P. O. Address *A. C. Newcomer*

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.