

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

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-43
-39
137823

FILED JUL 15 1944/9

Registration District No. _____

Primary Registration District No. **1002**

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: **ST. MARY'S HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 WEEKS** (Specify whether)

In this community **40 YEARS** (Specify whether)
years, months or days **Cross.**

3. (a) PRINT FULL NAME **MRS CORA VIOLEA KNOCHE**

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. WILLIAM KNOCHE**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **JULY 1 - 1876**
(Month) (Day) (Year)

8. AGE: Years **68** Months **0** Days **4** If less than one day hr. min.

9. Birthplace **WHEELING, W. VA. U**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **HOUSEWIFE**

12. Name **Solomon H. Cross**

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

14. Maiden name **MARCE JANE WHITE**

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

16. (a) Informant **Mr. Wm. Knoche**

(b) Address **133 N. SAUNDALE**

17. (a) **Burial** (b) Date thereof **7-7-44**
(Burial, cremation, or interment) (Month) (Day) (Year)

(c) Place: burial or cremation **Wash. D.C.**

18. (a) Signature of funeral director **D. H. Newcomer**

(b) Address **1401 BRUSH CREEK BLVD**

19. (a) **7-6-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **133 N. LAWNDALE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **5TH**
year **1944** hour **2** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Jan 2** 1943, to **July 5** 1944
that I last saw her alive on **July 4** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death, **Carcinoma probably pancreas or gall bladder**
Due to **Chronic Myocarditis**
Due to _____

Duration **1 1/2 yr**
eye
not

Other conditions **Lobar pneumonia**
(Include pregnancy within 3 months of death)

Major findings: **46g**
Of operations _____

Of autopsy **no 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Allen L. Hearst** (M. D. or other)
Address **1100 Prof. Bldg** Date signed **7-6-44**

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. *1787*

P. O. Address. *St. 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.