

FILED OCT 24 1944

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: Major Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether  
In this community 5 years 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. 309 Brush Creek Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leonard Knox

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Rosa M. Knox  
6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased November 9 1855  
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Orange Grower

12. Name Samuel Knox  
13. Birthplace Connecticut  
(City, town, or county) (State or foreign country)

14. Maiden name Almira Bidwell  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Knox  
(b) Address 309 Brush Creek, Kansas City, Mo

17. (a) Removal (b) Date thereof 10-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hampton, Iowa

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 10-11-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11<sup>th</sup>  
year 1944 hour One minute 0 M.

21. I hereby certify that I attended the deceased from Oct 11<sup>th</sup> 1944  
to Oct 11<sup>th</sup> 1944  
that I last saw him alive on Oct 11<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Leaonary Occlusion Duration Sudden  
Due to Senility  
Due to Cerebral Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 94a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 T

23. Signature Haymon & Major (M. D. or other) \_\_\_\_\_  
Address 3100 Euclid Ave H.C. Mo Date signed 10/11/44

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

361

Wm. Mayan  
31st / Embalmed

NOV 9 1941

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 S. J. Allen  
Licensed Embalmer No. 12415-  
P. O. Address H. C. Missouri

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.