. S. No. 2
OM—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40208

Primary Registration District No. 1002

Registrar's No. 5159

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:
622 East 15th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 622 E 15 St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John D. Kneaves

3. (b) If veteran name war No.

3. (c) Social Security No. Dont know

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 20, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	8	28	hr. min.

9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Handy Man

11. Industry or business

FATHER
12. Name Wm. Kneaves
13. Birthplace Canton, Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Bridget Flemming
15. Birthplace Washington, D. C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Mary Kneaves
(b) Address 2426 College

17. (a) Burial (b) Date thereof 12/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City, Mo.

19. (a) 12-19-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18
year 1944 hour 11:20 minute A M.

21. I hereby certify that I attended the deceased from
....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

CORONER

Immediate cause of death
Coronary sclerosis

Due to arterio-sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

Duration

Major findings:
Of operations History & Inspection

Of autopsy no

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 James Walker (M. D. ~~or other~~) 3 Corner
Address 1424 Prospect Hdq Date signed 12-19-44

(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 ~~2744~~ Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2744

P. O. Address K-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.