

FILED JAN 5 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 88

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: 1811 Myrtle
(If not in hospital or institution, write street number or location) Conv. Home
(d) Length of stay: In hospital or institution 7 Months
In this community 8 years (Specify whether years, months or days) if

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1934 Maywood 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME DAVID KNIGHT

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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 January 28, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 8 hr. min.

9. Birthplace Fall River, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

12. Name Peter Knight

13. Birthplace Ederly-Stockport, England
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Pollett

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

16. (a) Informant Leo Bowers

(b) Address Cushing, Okla.

17. (a) Removal (b) Date thereof 1/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stroud, Okla.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 1-8-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1944 to Jan 6 1945
that I last saw him alive on Jan 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) g 30

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 blow) While at work? (e) Means of injury _____

23. Signature J. W. Therman (M. D. or other) _____

Address 720 p. p. Bldg Date signed 1/8/45

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

8
3
9

By *transmitta*
for *Blackman*
to *family*

PROV. 27 USE

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 *J. H. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *R. 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.