

FILED DEC 28 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Home 1120 Main 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial Home 1120 Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George William Knight

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

4. Sex male 0 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 May 19 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 8 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation real estate salesman

11. Industry or business self

12. Name Charles F. Knight

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

14. Maiden name Anna Maria Keyes

15. Birthplace Charleston W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Memorial Home Records

(b) Address 1120 Main

17. (a) burial (b) Date thereof 11/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter B. Hale & Bowman

(b) Address 319 South 10th

19. (a) Dec 7-1945 (b) H. J. Westebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 27th
year 1945 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb 9 1945 to Nov 27 1945
that I last saw him alive on Nov 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary atherosclerosis
arteriosclerotic heart and kidney disease

Due to Myocardial infarction
chronic nephritis
etc.

Other conditions (Includes pregnancy within 3 months of death)

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?
(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 L. B. Serran (M. D. or other)
Address St. Joseph Mo Date signed 11-28-45

1428

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Earl Lewis
703 1/2 Francis

DEC 10 1965

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.