

FILED NOV 21 1945

Primary Registration District No. 3026

Registrar's No. 292

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 506 N. UNION
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS. REBECCA ANN DION KNISLEY

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

4. Sex FEMALE / 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife M. C. KNISLEY 6. (c) Age of husband or wife if alive XXXXXX years

7. Birth date of deceased (Month) 4 (Day) 2 (Year) 1866

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>79</u> | <u>6</u> | <u>12</u> | hr. _____ min. |

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

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER

12. Name STEPHEN MALONEY

13. Birthplace TULLA COUNTY CLARE IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name MARY JANE HEWITT

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

16. (a) Informant MISS ALICE H. DION

(b) Address 506 N. UNION

17. (a) BURIAL (b) Date thereof 10-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUND GROVE CEMETERY

18. (c) Signature of funeral director Henry W. Blatz

(b) Address 815 W. MAPLE AVE.

19. (a) 10-15-45 (b) Rebecca Dion
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 506 N. UNION
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 1945 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3/29, 1944 to 10/14, 1945;
that I last saw her alive on 8/9, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus
Due to arteriosclerotic heart disease
Due to _____

Duration

1 hr

years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of 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?

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

23. Signature Vance E. Lusk M.D. (M.D. or other)
Address 129 W. Lexington Independence Mo Date signed 10/17/45

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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.