

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **16725**

FILED JUN 10 1946

Registration District No. **17**Primary Registration District No. **1002**Registrar's No. **2407**

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:
Krestwoods Convalescent Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 (Specify whether
 In this community **46 years**
 years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary Manning Knutson**

3. (b) If veteran, name war **No**
 3. (c) Social Security No. **# unknown**

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **William Knutson**
 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **June 8 1898**
 (Month) (Day) (Year)

8. AGE: Years **47** Months **11** Days **22**
 If less than one day
 hr. min.

9. Birthplace **Kansas City Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Copy Writer**

11. Industry or business **Ruthrauff-Ryan, Chicago**

MOTHER FATHER { 12. Name **William Craddock**
 13. Birthplace **Unknown New Zealand**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary L. Malloy**
 15. Birthplace **Ciro Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Vincent J. Craddock**

(b) Address **5643 Locust, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **6-1-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Melody-McGilley-Evlar**

(b) Address **1800 E. Linwood Blvd.**

19. (a) **5-31-46** (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Cook 899**
 (c) City or town **Chicago City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5427 Kenmore**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **May** day **30**
 year **1946** hour **7** minute **15 AM**

21. I hereby certify that I attended the deceased from **May 29**, 1946, to **May 30**, 1946
 that I last saw her alive on **May 29**, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

acute alcoholism

Due to **Chronic alcoholism**

Due to **cirrhosis of liver, pulmonary embolism**

Other conditions
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations

Of autopsy **ADDITIONAL SUPPLEMENTARY INFORMATION 124a**
REQUESTED

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

23. Signature **Harold A. Pallett M.D.**

Address **1132 Prof. Bluff K.** Date signed **5/31/46**

Di Pallitt
1132 Proff Bldg.

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 Russell H. Flann

Licensed Embalmer No. 4255

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Death

State of Mo
County of Jackson ss.

State File No. _____
Local Registrar's No. 2407

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of June, 1946, before me appears Mr. Vincent Craddock, who, upon his oath, states that the original record of ^{birth} death for Mary Avelina Manning died May 30 ^{born} 1946, in the State of Missouri, and which was filed at K. C. Mo. on 5-31, 1946, should be corrected as follows:

Item No. 3 should read Mary Avelina Manning (Knutson)

Instead of _____ Mary Manning Knutson

Item No. 6b should read Pom Manning

Instead of _____ Arthur Knutson

Item No. _____ should read unknown

Instead of _____ 50 yrs

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Vincent J. Craddock x Brother
Relationship.
564 1/2 Locust St.
Present Address.

Subscribed and sworn to before me this 15th day of June, 1946

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

10725