

No. 2
-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27210

FILED SEP 3 1949
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 3665

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:
Vineyard Park 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hr.
(Specify whether
In this community 7 Yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2747 Holly 8
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clyde Knight

3. (b) If veteran, name war No 3. (c) Social Security No. 496-07-1688

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Olah May Knight 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 26 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 1 26 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name William Knight

13. Birthplace Eldredge Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Gregory

15. Birthplace Eldredge Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Knight

(b) Address 2747 Holly

17. (a) Removal (b) Date thereof Aug 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldredge Mo.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 41 & State Line

19. (a) 8-24-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January 15, 1946, to August 2, 1946.
that I last saw him alive on Aug 22, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 6 hrs

Due to none

Due to none

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none 94a

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Douglas G. Johnson (M. D. or other) _____

Address 11030 N. ... Date signed 8-24-46

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

MOTHER FATHER

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 Ross Blanford*

Licensed Embalmer No..... *41015*

P. O. Address..... *4114 State Line*

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.