

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1178
Registrar's No. 248

FILED JAN 27 1947

Registration District No. 149

Primary Registration District No. 1002

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

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:
Home-2510 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 4 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary C. Knott
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James A. Knott 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July 1st, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name James Robinson
13. Birthplace Ill.
14. Maiden name Mary McAlester
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Denzil Knott
(b) Address 2510 Jackson

17. (a) Removal (b) Date thereof 1/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avalon Missouri

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th, St.

19. (a) 1-18-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2510 Jackson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th.
year 1947 hour 11 minutes 55 P. M.
21. I hereby certify that I attended the deceased from Jan 18
1947 to Jan 18 1947
that I last saw her alive on _____, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhagic pancreatitis
Due to cause undetermined
Due to _____

Other conditions hypertension heart disease
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Same as 12/28
Of operations _____
Of autopsy as above
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)
(e) Means of injury _____
23. Signature Geo. E. Sanders (M. D. or other) 10
Address St. Joseph Hosp. Date signed 1-18-47

Resident Path 1/19/47

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

John B. Camp
.....
..... Licensed Embalmer No. *955-5-*
..... P. O. Address: *H. C. 9th*

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.