

FILED MAY 5 1947

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 1857

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kearney City
(If outside city or town limits, write "RURAL")

(d) Street No. no record
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph B. Mc Knight

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 11¹⁵ minute 51 P.M.

21. I hereby certify that I attended the deceased from no 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased April 30-1903
(Month) (Day) (Year)

Immediate cause of death Crushed chest

Due to _____

Due to _____

Other conditions truck crashed into
(include pregnancy within 3 months of death)

Major findings: bdg. 1706-8

Of operations 27

Of autopsy no

Histology & inspection

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Later

11. Industry or business _____

MOTHER FATHER

12. Name Luther E. McKnight

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

14. Maiden name Mary Lucy Allen

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

16. (a) Informant Mrs. Cora L. Young

(b) Address Mission City, Mo

17. (a) Removal (b) Date thereof 4-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary, KC, Mo

18. (a) Signature of funeral director Settles Turner

(b) Address 901 E-5th

19. (a) 4-24-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-12-1947

(c) Where did injury occur? 100 pckm mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? no (Specify type of place) (e) Means of injury Truck

23. Signature Jamie W. Walker (M. D. or other)
Address 1424 N. 4th Date signed 4-15-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Harry Bergman

Licensed Embalmer No. *2061*

P.O. Address *Kan City 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.