

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21032
Registrar's No. 2543

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 ds.
(Specify whether years, months or days)

In this community: 2 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: Helping Hand 523 Strand St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Jackson J. Knight

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6th
1947 year 3 day 20 P.M. hour minute

4. Sex: Male Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: June 21 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-47, 19 to 6-6-47, 19; that I last saw him alive on 6-6-47, 19; and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 11 Days 15 If less than one day hr. min.

Immediate cause of death: Carcinoma of lung

Duration: _____

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

Due to: _____

Due to: _____

10. Usual occupation: Laborer

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

Major findings: _____

Of operations: _____

Of autopsy: None

11. Industry or business: _____

12. Name: Oliver Knight

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

14. Maiden name: Emily Leddington

15. Birthplace: France
(City, town, or county) (State or foreign country)

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Record Clerk

(b) Address: K.C. General hosp. #1

17. (a) Burial (b) Date thereof: 6-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Calvary, K.C. Kan.

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? _____

18. (a) Signature of funeral director: Weichert Funeral Home

(b) Address: K.C., Mo.

19. (a) 6-11-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury: _____

23. Signature: _____ (M. D. or other) _____
Address: Med. Dir. K.C. Gen. Hospital Date signed: _____

Dr. Calmer

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..... *Blaine E. Weir*

Licensed Embalmer No. *4075*

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.