. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34555
Registrar's No. 4534

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: 3031 CYPRESS AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: –
In this community: 72 YEARS (Specify whether years, months or days)

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.: 3031 CYPRESS AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: –

3. (a) PRINT FULL NAME: MR. PAUL D KNEEDLER
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. DOROTHY KNEEDLER
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: AUGUST (Month) 29 (Day) 1875 (Year)
8. AGE: Years 72 Months 1 Days 27 If less than one day hr. min.
9. Birthplace: BOONEVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: OWNER SANTA FE TAVERN
11. Industry or business: GROCERY BUSINESS
FATHER
12. Name: JOHN KNEEDLER
13. Birthplace: PENNSYLVANIA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: GEORGIA ANN ROSS
15. Birthplace: BOONEVILLE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Mrs. Dorothy Kneedler
(b) Address: 3031 Cypress
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ELMWOOD CEMETERY
18. (a) Signature of funeral director: O. H. Newcomer Sons
(b) Address: 1401 BROWN CREEK BLVD
19. (a) 10-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 26TH year 1947 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from 8-25, 1945, to 10-26, 1947, that I last saw him alive on 10-26, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	
Cardiac Decompensation	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? 2
While at work? (Specify type of place) (e) Means of injury:
23. Signature: Edw H Bird (M. D. or other) D.O.
Address: 1313 Westport Rd. Date signed: 10-26-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1313 Westport Road

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 3, 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.