

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

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:  
Little Sisters of the Poor 5  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 years 8 Mo  
(Specify whether years, months or days)  
 In this community 23 years

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") 8  
 (d) Street No. 5331 Highland  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM KNOX

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 Widower

6. (b) Name of husband or wife Minnie Knox 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 2 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>2</u>	<u>hr. min.</u>

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

10. Usual occupation Retired Oil Driller

11. Industry or business

12. Name Theodore Knox 9

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Mitchell

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glenn J. Sullivan

(b) Address 4104 College Road P. O. Kansas

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

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director QUIRK AND TOBIN

(b) Address 20 West Linwood

19. (a) 11-5-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day Nov  
 year 1947 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from Oct 20  
1947, 19... to Nov 4 1947, 19...  
 that I last saw him alive on Nov 2 1947, 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 Week  
Duration

Due to Hypertensive Heart Disease 10 years

Due to Generalized Arteriosclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 1738  
 Of autopsy 1738  
 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?  
0

While at work (Specify type of place) (e) Means of injury 0

23. Signature Dr. John T. Shivers (M. D. or other) MD  
 Address 1102 Grove Ave Date signed 11-5-47

P. O. M. C.

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

MOTHER FATHER

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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: Howard W. Farmer  
Licensed Embalmer No. 4134  
P. O. Address. Kansas 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.**