

Registration District No. 250

Primary Registration District No. 4964

1. PLACE OF DEATH:

(a) County Platt
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7mi. North & West Of Parkville Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platt
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 4 Parkville Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Virginia Ann Knox

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased July 30 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 10 5 XX hr. XX min.

9. Birthplace Harlem North K.C. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business School

12. Name Charlie L. Knox
13. Birthplace Hodge Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Prima Mynatt
15. Birthplace Green Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charlie L. Knox
(b) Address R.R. 4 Parkville Missouri

17. (a) Burial (b) Date thereof 6/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Liberty Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.

19. (a) 6-8-48 (b) Alpha Racine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Skull
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
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) accident
(b) Date of occurrence 6-5-48
(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? No.

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Tom H. Hulett Coroner 3
(M.D. or other) (M.D. or other)
Address Platt City Mo Date signed 6-8-48

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

23
39
36871

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-17-48

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

Heron O. Smith

Licensed Embalmer No.

3928

P. O. Address

North Kansas City

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.

2B
3-45
43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 8

Registration District No. 280 Primary Registration District No. 5964

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

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Virginia A. Knox

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 11 Months 1 Days 30 (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 floor _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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) accident

(b) Date of occurrence 6-5-48

(c) Where did injury occur? Public Highway (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway

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

23. Signature Tom H. Hulbert coroner (M., D., or other)

Address Platte City MO Date signed 6-5-48

SUPPLEMENTARY

S-20385

