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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26418

Registrar's No. 3272

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

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: 4125 State Line
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
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. 4125 State Line 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Dorothea Knop

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 4

6. (b) Name of husband or wife Louis Knop

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

7. Birth date of deceased Jan. (Month) 8 (Day) 1875 (Year)

8. AGE: Years 73 Months 7 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name John Thies
13. Birthplace No Record (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Hanna Kleepping
15. Birthplace No Record (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Miss Flora Knop
(b) Address 4125 State Line

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd.

19. (a) 8-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 - 1948
year 9 30 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from July 2, 1948 to Aug 11, 1948
that I last saw her alive on Aug 9, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	8 wks
Due to Malnutrition	7 yrs
Due to Chronic rheumatoid arthritis	7 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 59a
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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. Petry (M. D. ~~or other~~)
Address 300 Argyle Bldg Date signed 8-12-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Petry
Argyle Bldg
HA 5997
1 P.M.

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 Jimmy S. Hinkebon

Licensed Embalmer No. 4092

P. O. Address Marion, Kansas

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.