

No. 2  
-1/47  
-17-39

National Office of Vital Statistics  
FILED NOV 9 1948  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 302

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia

(c) Name of hospital or institution: 14th + Merriam

(d) Length of stay: In hospital or institution: 57 years

In this community: 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Sedalia

(d) Street No.: 14th + Merriam

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Fred Knehans

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

3. (c) Social Security No.: None

4. Sex: Male

5. Color: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maggie Knehans

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Sept 16, 1871

8. AGE:

Years	Months	Days	If less than one day
77	1	3	hr. min.

9. Birthplace: Germany

10. Usual occupation: Retired Carpenter

11. Industry or business: M.K.T. Ry

12. Name: William Knehans

13. Birthplace: Germany

14. Maiden name: Unknown

15. Birthplace: Germany

16. (a) Informant: Mrs. Maggie Knehans

(b) Address: 14th + Merriam

17. (a) Date of death: 10-22-48

(b) Date thereof: 10-22-48

(c) Place: burial or cremation: Crown Hill Cem

18. (a) Signature of funeral director: M. Laughlin Bros

(b) Address: 519 So Ohio

19. (a) Date received local registrar: 10-22-48

(b) Signature: Betty Yeager

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: OCTOBER day: 19 year: 1948 hour: 10 minute: 40 P. M.

21. I hereby certify that I attended the deceased from: JANUARY 47, 1947 to: OCTOBER 19, 1948

that I last saw him alive on: OCTOBER 19, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral haemorrhage

Due to: Hypertension

Due to: arteriosclerosis admodum

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

Major findings: Of operations: 93W

Of autopsy: none

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? Means of injury: 0

23. Signature: Chas. Lerda Hauff (M. D. certifier) 1100

Address: Sedalia Mo. Date signed: Oct 20-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-8-48

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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 W. P. M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.