

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1488

State File No.

FILED FEB 8 1949

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 37

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 N. Osage Independence Mo</u>		d. STREET ADDRESS (If rural, give location) <u>511 North Osage St</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Matilda</u>	b. (Middle) <u>Emilie</u>	c. (Last) <u>Knapheide</u>	<u>Jan 28 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 27-1882</u>	9. AGE (In years last birthday) <u>66</u>	10. YEARS (Under 1 Year) (Days) (Hours) (Min.) <u>10 7</u>
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Wellington Missouri</u>	
13a. FATHER'S NAME <u>Fredrick Brunel</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Luettkemeyer</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>
14. NAME OF HUSBAND OR WIFE <u>Fredrick F. Knapheide</u>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Knapheide</u>		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Collapse</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>Chronic Nephritis Anasarca</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fract</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>fract</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fract</u>

22. I hereby certify that I attended the deceased from 12/6, 1948, to 1/22, 1949, that I last saw the deceased alive on 1/22, 1949, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Dickman M.D.</u>	23b. ADDRESS <u>401 First Natl. Bank Bldg. Independence Mo</u>	23c. DATE SIGNED <u>1/31/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>
24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Jan. 30-1949</u>	REGISTRAR'S SIGNATURE <u>J. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ott & Mitchell</u>	ADDRESS <u>310 N. Main Ind. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

48

MAR 25 1918

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 _____

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____
[Signature]
Signed _____
Licensed Embalmer No. *3156*
P. O. Address *Indip. 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.