

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43741

5530

3008

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 1 hr | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel Kansas | |
| | | d. STREET ADDRESS R. #1 (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) Virgil D. Knight a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 12-28-21 |
| 9. AGE (In years last birthday) 28 | | 10. IF UNDER 1 YEAR Months 0 Days 1 | 11. IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hoisting Eng. | | 10b. KIND OF BUSINESS OR INDUSTRY Patti Const. Co | 11. BIRTHPLACE (State or foreign country) Kansas City Kansas. |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME John Knight | |
| 13b. MOTHER'S MAIDEN NAME Emmarette Todd | | 14. NAME OF HUSBAND OR WIFE Ruth Knight | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unknown, or no service) yes W. #2 Army | | 16. SOCIAL SECURITY NO. 510-16-2664 | 17. INFORMANT'S SIGNATURE OR NAME Ruth Knight |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 18. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Hurley + Inspectors | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Accident Factory | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K.C. Jackson MO | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-29-49 1:45 P.M. | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? Struck by High Loader | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | 23b. ADDRESS 1034 Realto Bldg | |
| 23c. DATE SIGNED 12-29-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 1-2-50 | |
| 24c. NAME OF CEMETERY OR CREMATORY L.O.O.F. Cem. | | 24d. LOCATION (City, town, or county) (State) Bethel Kans | |
| DATE RECD BY LOCAL REG. 12-30-49 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Eads Bros. Funeral Home | | ADDRESS KCK | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1958

MS JUN 22 1960

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4773

P. O. Address EC 710

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.