

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16824

2329

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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 2 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holton <u>1480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1900 Linwood Blvd.		d. STREET ADDRESS (If rural, give location) 206 Ohio Ave.,	

3. NAME OF DECEASED (Type or Print) Ethzelda			a. (First)			b. (Middle)			c. (Last) Knox			4. DATE OF DEATH (Month) (Day) (Year) May 23 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept. 15 1862			9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Michael Porter			13b. MOTHER'S MAIDEN NAME Caroline Long			14. NAME OF HUSBAND OR WIFE John W. Knox					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mr. G. W. Knox			ADDRESS 2602 E. 52nd St., K.C., Mo.		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis years							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. _____						332X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					

22. I hereby certify that I attended the deceased from 5-18, 1950 5-27, 1950, that I last saw the deceased alive on 5-22, 1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Leo M. Miller		(Degree or title)		23b. ADDRESS 3548 Indiana		23c. DATE SIGNED 5-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 24 1950		24c. NAME OF CEMETERY OR CREMATORY Holton, Cemetery		24d. LOCATION (City, town, or county) (State) Holton, Kansas	

DATE REC'D BY LOCAL REG. 5-24-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster		ADDRESS Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

9548

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.

Student Embalmer No.

Signed John Burk

Signed.....
Student Embalmer

Licensed Embalmer No. 4216

P. O. Address D. C. 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.