

No. 300
10.48

FILED NOV 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37109

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4653

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 WEST 70TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
d. STREET ADDRESS 604 WEST 70TH STREET

3. NAME OF DECEASED
a. (First) NELLIE b. (Middle) c. (Last) KNOBLOCK

4. DATE OF DEATH NOV. - 3 - 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED

8. DATE OF BIRTH OCT. - 6 - 1874

9. AGE (In years last birthday) 76

10a. USUAL OCCUPATION BUYER * OWNER

10b. KIND OF BUSINESS OR INDUSTRY MILLINERY

11. BIRTHPLACE KANSAS CITY, KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PHILIP H. KNOBLOCK

13b. MOTHER'S MAIDEN NAME MARGARET MOORE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No

16. SOCIAL SECURITY NO. 454-03-7048A

17. INFORMANT'S SIGNATURE OR NAME MISS BYRD KNOBLOCK ADDRESS 604 W. 70TH ST.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal hypertension
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

H
H

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1950, to Nov 3, 1950, that I last saw the deceased alive on Oct 26, 1950, and that death occurred at Am., from the causes and on the date stated above.

23a. SIGNATURE Walter Holbrook (Degree or title)

23b. ADDRESS 21133 Prof. Bldg. N.W.

23c. DATE SIGNED 11/3/50

24a. BURIAL CREMATION REMOVAL (Specify)

24b. DATE Nov 4 - 50

24c. NAME OF CEMETERY OR CREMATORY Oak Grove

24d. LOCATION (City, town, or county) (State) Kansas City Kans

DATE REC'D BY LOCAL REG. 11-4-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed John C. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.