

44017

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5318

FILED JAN 19 1952

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>8 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	d. STREET ADDRESS (If rural, give location) <u>2114 Vine</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2114 Vine</u>		3. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1951</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Estella</u> b. (Middle) <u>McKnight</u> c. (Last) <u>Estella McKnight</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 23, 1908</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 6 HRS. Days <u>3</u>	IF UNDER 1 MIN. Hours <u>38</u>	IF UNDER 1 MIN. Mins. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Percy, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Nathan Gates</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Griffin</u>		14. NAME OF HUSBAND OR WIFE <u>Tennessee McKnight</u>			
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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>Unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tennessee McKnight</u>		ADDRESS <u>2114 Vine</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Coronary Thrombosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Hypertension</u>				<u>10 Minutes</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						<u>6 Months</u>	
						<u>6 Months</u>	
						<u>4 to 7 D</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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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?	
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22. I hereby certify that I attended the deceased from MAY 25, 1951, to Dec. 3, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. Geagan</u> (Degree or title) <u>Dr. E. R. Geagan P. D. O.</u>		23b. ADDRESS <u>1330 East 28 Street</u>		23c. DATE SIGNED <u>12-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-11-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter ...</u>		ADDRESS <u>18th & Benton</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

no 9603

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..... *Bruce R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.