

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20547

State File No.

No. 300
10-48

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2565

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) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>42 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>315 E. 48th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>		3738	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MADOLYN</u>	b. (Middle) <u>FREEMAN</u>	c. (Last) <u>KNAPPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>NOV. 11 - 1909</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRIVATE SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ALLIED LAB. CO.</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FREEMAN H. KNAPPER</u>	13b. MOTHER'S MAIDEN NAME <u>MAUDE F. RHEA</u>	14. NAME OF HUSBAND OR WIFE <u>EDWARD WOLF</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-01-9599</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.H. KNAPPER</u>	ADDRESS <u>-315 E. 48th K.C. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute & Subacute Stenosis</u>			<u>5 years.</u>
	DUE TO (c) <u>Rheumatic Heart Disease.</u>			<u>5 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HIOX</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 1948, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. B. Byers</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4635 Wyandotte, N.C. 2 Mo.</u>	23c. DATE SIGNED <u>6/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Home</u>	24b. DATE <u>JUNE - 9 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-7-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. N. Blackburn</u>	ADDRESS <u>1809 N. K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

James E. Kauffman

Licensed Embalmer No. *4573*

P. O. Address: *K. O., 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.