

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37738

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1231</u>			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">50 years</p>		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">St. Joseph</p>		1117			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">917 So. 18th St.</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">917 So. 18th St.</p>					
3. NAME OF DECEASED (Type or Print)			a. (First) <p style="text-align: center;">John</p>		b. (Middle) <p style="text-align: center;">Joseph</p>		c. (Last) <p style="text-align: center;">Kniola</p>		
4. DATE OF DEATH		(Month) (Day) (Year)		November 24, 1952					
5. SEX <p style="text-align: center;">male</p>		6. COLOR OR RACE <p style="text-align: center;">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>		8. DATE OF BIRTH <p style="text-align: center;">May 1, 1882</p>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.		70			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">huckster</p>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Manastee, Michigan</p>			
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			13a. FATHER'S NAME <p style="text-align: center;">August Kniola</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">unk. Anthony</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Jennie</p>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>			16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Jennie Kniola, 917 S. 18th, St. Joseph, Mo.</p>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocardites with secondary anem</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u> DUE TO (b) <u>Chr. Nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 1952</u> <u>Jan. 1954</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">592 X</p>					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 <u>Jan. 1952</u> , to <u>Nov 24, 1952</u> , that I last saw the deceased alive on <u>Nov 24, 1952</u> , and that death occurred at <u>2:00 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Albert H. Muever</u>			23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>Nov. 25-1952</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>		24b. DATE <p style="text-align: center;">11/28/1952</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Olivet Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">Nov. 28, 1952.</p>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>		ADDRESS <p style="text-align: center;">Funeral Home St. Joseph, Mo.</p>			

(Licensed Embalmer's Statement on Reverse Side)

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

MS DEC 1911

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..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joseph, 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.