No. 300
10.48

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

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23055

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2984

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 45 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6936 CHESTNUT 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. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6936 CHESTNUT STREET

3888

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): C
c. (Last): KNOTT

4. DATE OF DEATH (Month) (Day) (Year): JUNE 22, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 3, 1871
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even 10 years): BRICKLAYER-RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION CO.
11. BIRTHPLACE (City and State or Foreign Country): UNKNOWN ENGLAND
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN KNOTT
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF ~~HUSBAND OR~~ WIFE: MRS. SADIE KNOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: PAULINE M. EVANS - 1904 CYPRESS - KANSAS CITY, MISSOURI

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis & Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Paralysis Agitans — 331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1954, *to* 6-27, 1954, *that I last saw the deceased alive on* 6-27, 1954, *and that death occurred at* 2:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo. H. Jones — (Degree or title) Geo. H. Jones M.D.
23b. ADDRESS 80th + Paseo, Kansas City, Mo
23c. DATE SIGNED 6/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: JUNE 30, 1954
24c. NAME OF ~~CEMETERY OR~~ CREMATORY: DIMENSCHOLD'S GOOD CREMATORY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 6-30-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. A. Newcomer Sons — 1331 BOUSH ORDER — KANSAS CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard L. Rogers

Licensed Embalmer No. 493

P. O. Address Kansas Cit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.