

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27505**
3289

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 84 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3944 Troost Ave.				f. STREET ADDRESS (If rural, give location) 3944 Troost Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Alonzo			b. (Middle)		c. (Last) McKNIGHT		4. DATE OF DEATH (Month) (Day) (Year) 7 12 54		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1868		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 7 Days 6	IF UNDER 24 HRS. Hours 6 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator			10b. KIND OF BUSINESS OR INDUSTRY Max Riedel 20yrs.		11. BIRTHPLACE (City and State or Foreign Country) Bunker Hill, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN McKNIGHT			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Ida Mack McKnight				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-14-2609		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida McKnight-3944 Troost-K.C., Mo.					
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.						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneum	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cereb Hem - Essen/Hy - feverish						48 hr		
DUE TO (c) Gen. ant. Sclerosis	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						3 da yr yr		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33/X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)			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 18 July , 19 53 , to 12 July 1954 that I last saw the deceased alive on 12 July 1954 and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Robert M. Myers MD (Degree or title)				23b. ADDRESS 1025 Quail Bluff			23c. DATE SIGNED 13 July 54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/15/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 7-13-54		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGillee-Eylar-Kansas City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

MO.

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

Dr. R. H. M. -
Trinity School
Rialto
Apr. 12

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.....
Signature of Student Embalmer

Signed *James E. Hacklem*.....
Licensed Embalmer No. 45...

P. O. Address *K. C. N.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.