

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4905

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 510

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 town) Kansas City		c. LENGTH OF STAY (in this place) 13 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		STREET ADDRESS (If rural, give location) 4151 Warwick	

3. NAME OF DECEASED (Type or Print) JAMES	a. (First)	b. (Middle) M.	c. (Last) KNIGHT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1955
---	------------	--------------------------	----------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 7, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-----------------------	----------------------------------	--	---	--	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight clerk	10b. KIND OF BUSINESS OR INDUSTRY Stowe Hardware Co.	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME James Knight, sr.	13b. MOTHER'S MAIDEN NAME Alice Redstock	14. NAME OF HUSBAND OR WIFE --
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-26-4570	17. INFORMANT'S SIGNATURE OR NAME Lula Hobson, 4151 Warwick, K. C., Mo.	ADDRESS
--	---	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		42 hr
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pneumonia		7 days?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (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 2-1, 1955 to 2-3, 1955 that I last saw the deceased alive on 2-3, 1955, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE Michael Bernreiter	Degree or title) M.D.	23b. ADDRESS 436 Professional Bldg	23c. DATE SIGNED 2-4-55
---	---------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-4-55	24c. NAME OF CEMETERY OR CREMATORY Garnett, Kansas	24d. LOCATION (City, town, or county) (State)
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 2-4-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C.MO.
---	---	---	---------------------------

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

Health Dept. Certificate
No. 111111

2:15 PM

Ex. no. 111111

MAR 7
1958

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 *Eugene J. Hanna*

Licensed Embalmer No. 467
P. O. Address *Hanna City*

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.