

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29777

FILED SEP 28 1955

4055

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4055			
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 OR TOWN Kansas City		c. LENGTH OF STAY (if this place) 4 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 4131 Genesee St.				STREET ADDRESS 4131 Genesee St.		3700			
3. NAME OF DECEASED (Type or Print) Joseph			a. (First) Joseph		b. (Middle) Mc Knight		c. (Last) Mc Knight		
4. DATE OF DEATH Sept. 16 1955		4. DATE (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 1 1866		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler		10b. KIND OF BUSINESS OR INDUSTRY Railroad,		11. BIRTHPLACE (City and State or Foreign Country) Ireland 4		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME James McKnight			13b. MOTHER'S MAIDEN NAME Sara Conn			14. NAME OF HUSBAND OR WIFE Ester D. McKnight			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Charles W. Lambert, K.G. 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Oncephalomalacia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Amobility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH (acute phase) <u>2 hrs.</u> 332	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>10/14/1952</u> , to <u>Sept 16, 1955</u> , that I last saw the deceased alive on <u>Sept 15, 1955</u> , and that death occurred at <u>2:50pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edson C. Carrier, MD</u> (Degree or title) ^D				23b. ADDRESS <u>242 W. MacArthur Blvd.</u>		23c. DATE SIGNED <u>9/16/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/17/1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Duluth, Minnisota</u>			
DATE REC'D BY LOCAL REG. 9-17-55		REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, K. C. Kans.</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. C. Carrier
Kiaja mid hilly.
Va 311311

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 *La Lega E. Brown*
Licensed Embalmer No. *47*

P. O. Address *Kansas 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.