

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38108**  
**4926**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas Cite</u> c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY OR TOWN <u>1st St / 1st City</u>	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 <u>2812 Gilham Rd</u>		e. STREET ADDRESS (If rural, give location) <u>1421 Charlotte</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William F. R.</u> b. (Middle) <u>Knoll</u> c. (Last) <u>Knoll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-25-1897</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Trade</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sumner Iowa</u>	
13a. FATHER'S NAME <u>August Knoll</u>		13b. MOTHER'S MAIDEN NAME <u>Leatha Wigginton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state branch and date of service) <u>Yes One</u>		16. SOCIAL SECURITY # <u>496-01-4011</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Emma Karst</u> ADDRESS <u>Sumner Iowa</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES (b) <u>Arterio-sclerotic heart disease</u>		4200	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Geo. C. Kealhofer</u>		23b. ADDRESS <u>6627 Broad St. Cwo</u>		23c. DATE SIGNED <u>11-13-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sumner Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. ...</u>		ADDRESS <u>KE No</u>	
DATE REC'D BY LOCAL REG. <u>11-14-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Geo. C. Kealhofer

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.....  
Licensed Embalmer No. 453  
P. O. Address Kansas

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.