

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40439  
STATE FILE NUMBER  
5271  
Registrar's No.

FILED DEC 5 - 1957

Registration District No. 149 Primary Registration District No. 1002

S. 300  
v. 1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. C. General Hos.		Length of stay in lb #1 9 days	d. STREET ADDRESS (If outside, give location) 2016 Linwood
3. NAME OF DECEASED (Type or print) First Middle Last William Henry Knoche			4. DATE OF DEATH Month Day Year November 8, 1957
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 9, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) 67 8 3 F UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Martin City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Louis Knoche		13b. MOTHER'S MAIDEN NAME Emiline Kunz	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. 486-01-4005	17. INFORMANT Mrs. H. C. Hufford, daughter, Olathe, Kan
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH  491 X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from October 30, 1957 to November 8, 1957 and last saw him alive on November 8, 1957 Death occurred at 7:30 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. I. Burns, M.D.		22b. ADDRESS 24th and Cherry, K. C. Mo.	22c. DATE SIGNED Nov. 8, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-8-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) - (State) Olathe Kansas
24. FUNERAL DIRECTOR Frank W. Faye-Olathe, Kc.		25. DATE REC'D. BY LOCAL REG. 11-9-57	26. REGISTRAR'S SIGNATURE neva minshall

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
B. I. Burns



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 Master W. Fry Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Master W. Fry

Licensed Embalmer No. 3615  
P.O. Address Osage, KS

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.