DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040165
STATE FILE NUMBER

FILED VS NOV 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5253

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 4½ days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2800 West 47th
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FREEMAN Middle HENRY Last KNAPPER

4. DATE OF DEATH Month 10 Day 30 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12-5-1874
9. AGE (last birthday) 84
IF UNDER 1 YEAR Months — Days —
IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY Drug Store
11. BIRTHPLACE (City and state or country) Cameron, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Paul Knapper
13b. MOTHER'S MAIDEN NAME Nancy Stone
14. NAME OF HUSBAND OR WIFE Maude Knapper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 496-05-9649
17. INFORMANT Mrs. Francis Moor Address 131 N. White K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prostatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 1957?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with Generalized Metastases
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured right femur on 10/27/59

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/9/59, to 10/30/59 and last saw him alive on 10/29/59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Young (Degree or title) M.D.
22b. ADDRESS 1401 S. W. Blvd K.C. Ks.
22c. DATE SIGNED 10/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-2-1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.
23d. LOCATION (City, town, or county) (state) Kansas City Mo.

24. FUNERAL DIRECTOR C. H. Blackman & Son Inc. ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-2-59
26. REGISTRAR'S SIGNATURE Trevor Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.