RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-015452

FILED VS APR 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1990 STATE FILE NUMBER

DED

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: unknown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3911 MANHEIM ROAD — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3911 MANHEIM ROAD. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle OPAL Last KNEPPER
4. DATE OF DEATH Month APRIL Day 6 Year 1960

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH SEPT 1, 1898
9. AGE (last birthday) 61 yrs.
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) MUSIC TEACHER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BRAMER MISSOURI
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME CHARLES EICHLER
13b. MOTHER'S MAIDEN NAME ALICE MAE POST.
14. NAME OF HUSBAND OR WIFE GUY F. KNEPPER

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. 497 36 5414
17. INFORMANT GUY F. KNEPPER Address 3911 MANHEIM ROAD.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) unknown — INTERVAL BETWEEN ONSET AND DEATH
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)
Christian Scientist

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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. A. Dwyer (Degree or title) MD
22b. ADDRESS City Hall Kansas City Mo
22c. DATE SIGNED 4-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE APRIL 9, 1960
23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 4-8-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF: Dwyer

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert L Sava

Signature of Student Embalmer

Licensed Embalmer No. 481

P. O. Address Kansas C

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