

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011118

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1242

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEVELOPER

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) Kansas City		Length of stay in 1b 60 years	c. CITY OR TOWN KANSAS CITY, MO.
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Troost Ave. Nursing H.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2839 Troost Avenue
3. NAME OF DECEASED (Type or print) First MARY Middle -JANE-JASMINE Last KNIGHT		4. DATE OF DEATH Month Feb. Day 27 Year 1962	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/18/74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) GALESBURG, ILLINOIS
13a. FATHER'S NAME SOLOMON T. PECK		13b. MOTHER'S MAIDEN NAME MARIE OSBORN	14. NAME OF HUSBAND OR WIFE EDWIN F. KNIGHT
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. NONE	17. INFORMANT Mr. Edwin Knight, Prairie Village, Ks
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 26 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PYELO NEPHRITIS			3 MONTHS
DUE TO (c) ARTERIO SCLEROSIS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <input type="checkbox"/> NOT WHILE 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 3/18/61 to 2/27/62 and last saw her alive on 2/27/62		Death occurred at 5:00 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Walter R. Innes D. O.		22b. ADDRESS 2839 Troost K. C. Mo.	22c. DATE SIGNED 3/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mch. 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 3-2-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

W. Hatten P. Jones
Bassett Avenue
Hennepin Avenue - 2839 Street

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 Wern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo.

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.