

S. No. 2
FORM-5-43
Rev. 5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26483**
Registrar's No. **3639**

FILED SEP 10 1945
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **30 Years.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LoDema W. KNIGHT**
3. (b) If veteran, name war **No.**
3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fred H. KNIGHT**
6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **April 17th, 1893**
(Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **13**
If less than one day hr. min.

9. Birthplace **Merwin Nebraska**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife.**

11. Industry or business
12. Name **George T. Williams**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Jennie Greene**
15. Birthplace **Linn County, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred H. Knight, husband**
(b) Address **2305 Meyer Blvd., K.C.Mo.**
17. (a) **Burial** (b) Date thereof **9/1/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**
18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **Kansas City, Mo.**

19. (a) **9-1-45** (b) **Waldine Holmes**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2305 Meyer Blvd.,**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **30** th
year **1945** hour **4:45** minute **P.M.**
21. I hereby certify that I attended the deceased from **7-23-45** to **8-30** 19**45**
that I last saw her alive on **8-30** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple Pulmonary embolism**
Due to **Cholelithiasis for stones**
Due to **Appendicitis**
Other conditions **12:2**
(Include pregnancy within 3 months of death)

Major findings: **gall stones**
subsiding acute appendicitis
Of autopsy **yes**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **[Signature]** (M. D. or other)
Address **K.C. Mo.** Date signed **9/3/45**
While at work (Specify type of place) (c) Means of injury

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.