

DEC AUG 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25411  
Do not use this space.

1. PLACE OF DEATH

(a) County Shundy Registration District No. 329  
(b) Township Mason Primary Registration District No. 54549  
(c) City Inventon R.R. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caroline M. Knight

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caleb Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
91 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Invalid  
10. Date deceased last worked at this occupation (month and year) past 10 yrs Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indo

FATHER 13. NAME William Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

MOTHER 15. MAIDEN NAME Mary Eubanks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs John Elliott (ADDRESS) Inventon R.R. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Home DATE Jan 19 38

19. FUNERAL DIRECTOR (NAME) PK Paymison (ADDRESS) Galt Mo

20. FILED July 20 1938 J. C. Humphreys 301 (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1936 to Jan 18 38  
I last saw him alive on Jan 15 38 Death is said to have occurred on the date stated above, at 7:00am.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis + Coronary Occlusion Date of onset 1935

Other contributory causes of importance: 94%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) E. J. Main M. D.  
J. C. Humphreys

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*R.K. Payne Jr*

....., or by .....

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

Signed .....

*R.K. Payne Jr*

Licensed Embalmer No. ....

*3400*

P. O. Address .....

*Galt 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 this body is not embalmed, above space should be left blank.**