

REC'D MAR 9 1939

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

6474  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297  
(b) Township St. John's. Primary Registration District No. 5414 Registered No. 22  
(c) City Washington, Mo. R.F.D. (d) Street No. R.F.D. Washington, Mo. 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 2 yrs. X mos. X ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Charles Knatcal.  
(a) Residence, No. Washington, Mo. R.F.D. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Lydia Knatcal.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17th, 1874.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsburg, Missouri, R.F.D.

13. NAME Charles Knatcal, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Unknown.

17. INFORMANT Mrs. Ray Moss, (ADDRESS) Washington, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartsburg, Mo. DATE Feb. 26th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.

20. FILED Feb. 24-1939 H. H. May Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23rd, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1938, to Feb. 23, 1939

I last saw him alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset last known

Other contributory causes of importance:

None

Name of operation None Date of Feb. 23, 1939

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury Feb. 23, 1939

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 H. H. May

(Signed) H. H. May, M. D.

270 (Address) Washington, Mo.

**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. *2387*

P. O. Address *Washington M*

**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.**