

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

18046
Do not use this space.

REC'D JUN 14 1939

1. PLACE OF DEATH 85

(a) County Buchanan Registration District No. _____

(b) Township Washington Primary Registration District No. 1001 Registered No. 485

(c) City St Joseph (d) Street No. Missouri Meth. Hosp. 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 523 Maggie B. Knight

(a) Residence, No. Gallatin, Mo. St. Gallatin, Mo.
(Usual place of abode, if no street address, write county or city) (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 (write the word) MARRIED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 7-1879

7. AGE YEARS 60 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviness Co. MISSOURI

FATHER 13. NAME W.C. MACY 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK. MISSOURI

MOTHER 15. MAIDEN NAME MARY E. Nichols 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK. MISSOURI

17. INFORMANT (ADDRESS) MORCEN KNIGHT, GALLATIN, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE GALLATIN MO. DATE MAY 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HOPE FURN. & UND. Co. GALLATIN MO.

20. FILED 5/8 39 H. Mettelbach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 23 1939 to May 7 1939
I last saw him alive on May 6 1939. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
General peritonitis

Date of onset Apr 23

Other contributory causes of importance:
Perforated Gastric ulcers apparently

Name of operation Appendectomy Date of April 21
What test confirmed diagnosis? Plum 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 _____, 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) A. S. Ganss M. D.
(Address) St Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1157

3
J. C. Richeson

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.....

L. O. Richeson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

L. O. Richeson

Licensed Embalmer No.....

3302

P. O. Address.....

Ballater, 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.