

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

22589
Do not use this space.

DECD JUL 13 1939

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township Chillicothe Primary Registration District No. 3026
 (c) City Chillicothe (d) Street No. 704 Williams 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Minnie M. Knouse

(a) Residence, No. 704 Williams 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph D. Knouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

FATHER 13. NAME John Shadden

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

MOTHER 15. MAIDEN NAME Ann Packard

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

17. INFORMANT (ADDRESS) Joseph D. Knouse
704 Williams-Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutchinson DATE 6-14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank B. Norman
Chillicothe, Missouri

20. FILED 6-13, 1939 H. M. Knouse, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1933, 1933, to 6-12-1939, 1939

I last saw her alive on 6-10, 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Parkinson Disease Date of onset 87 1/2

Other contributory causes of importance:

Name of operation Physical Date of 7/12/39
 What test confirmed diagnosis? Physical 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) Reuben Barney, M.D.
Chillicothe, Mo. (Address)

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.

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RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

729-823
JUL 12 1939

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.....

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.....

working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.