

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28632

Do not use this space.

REC'D SEP 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1
 (b) Township Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 2615 S. 10th. St.
 (e) Length of residence in city or town where death occurred 78 yrs. 24 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 863

2. PRINT FULL NAME Laura Belle Knight

(a) Residence, No. 2615 S. 10th. 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 78 2 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) St. Joseph 0
 (STATE OR COUNTRY) Missouri 9

13. NAME Unknown Jacobbs 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Glen House
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL King Hill Cemt.
 PLACE St. Joseph, Mo. DATE Aug. 23, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
 (ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED Aug 22 1939 H.J. Neelbush
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I VIEWED deceased from Viewed, Aug. 22, 1939.

I last saw deceased on August 21, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Embolus of the Pulmonary Artery.
 Arterio Sclerosis.

Name of operation History Date of
 What test confirmed diagnosis? 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, 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 B. W. Tadlock, coroner, M. D.
 (Signed) King Hill Bldg. 4
 (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.

1137

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..... *Albert E. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.