

SEP 12 1939

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

28665  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township..... Primary Registration District No. 1001 Registered No. 896  
(c) City St. Joseph Mo. (d) Street No. Mo. Methodist Hosp. St. Joseph  
(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. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Pearl Knight

(a) Residence, No. Mo. Meth. Hosp. St.  Troy Kansas  
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Knight</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23 1881</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>August 1939</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchison Kansas</u>		
FATHER	13. NAME <u>John Pare</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Illionis</u>	
MOTHER	15. MAIDEN NAME <u>Lettie Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Iowa</u>	
17. INFORMANT (ADDRESS) <u>Mrs Raymond Overstreet Troy Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> PLACE <u>Troy-Kansas</u> DATE <u>Aug 31 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Karr Funeral Home Troy Kansas</u>		
20. FILED <u>Sept 1 1939</u> <u>H. J. Reschubusch</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1939 to Aug 31 1939  
I last saw him alive on Aug 31 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Nephritis-chronic Date of onset 54

Other contributory causes of importance:  
Arterio sclerosis general  
Diabetes mellitus

Name of operation Clinical Date of       
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     , 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) W. C. Bly, M. D.  
(Address) 301 P. & S. Bldg 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.

1 X14623

**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, \_\_\_\_\_

*C. L. Kass*

or by \_\_\_\_\_

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

Signed \_\_\_\_\_

*C. L. Kass*

Licensed Embalmer No. *2532*

P. O. Address *Tracy, Ca*

**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.**