

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

31959
Do not use this space.

DECD OCT 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Halls Primary Registration District No. 5727
 or City Halls (d) Street No. Halls no St.
 (c) 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.

Registered No. 930

2. PRINT FULL NAME Fannie C. Knight

(a) Residence, No. Halls, Mo. St. Halls 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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver Knight
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 13
 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. own home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Halls
 (STATE OR COUNTRY) Missouri U

FATHER 13. NAME Wilber Bonnett !
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Iowa 0

MOTHER 15. MAIDEN NAME Ruby Larrison
 16. BIRTHPLACE (CITY OR TOWN) Rushville
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Wilber Bonnett
 (ADDRESS) Halls, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Curlin Cem. Halls, Mo. Sept. 12, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
 (ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED 7/11 1939 N J nestlebrook
Legl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1939 19
 22. I HEREBY CERTIFY, That I attended deceased from viewed
Sept 10th 1939 to 19

I last saw h. viewed 19..... Death is said to have occurred on the date stated above, at 12:45 p.
 The principal cause of death and related causes of importance were as follows:
Mitral insufficiency

Other contributory causes of importance: none
 Name of operation History Date of no
 What test confirmed diagnosis? no Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
 (Signature) B. W. Tadlock Coroner, M. D.
 (Address) King Hill Bldg 4

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.

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, ~~on~~ **Sept. 10, 1939**

..... Registered Apprentice No.
working under my personal supervision.

Signed *Earl A. Clark*

Licensed Embalmer No. **3476**

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.