

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 N. Harlem
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
40yrs. 8 mo. 28 da. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 701 N. Harlem
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME

Pearl Knight 523

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geo Knight

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 16, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 8 28 _____ hr. _____ min.

9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House

11. Industry or business _____

12. Name John W. Vannoy

13. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Hasting
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo Knight

(b) Address Joplin

17. (a) Burial (b) Date thereof 10-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1502 Joplin, Joplin, Mo. 64502

19. (a) 10-14-39 (b) [Signature]
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th
year 1939 hour 12:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4/8/39
_____ 19 _____ to 10/14/39 19 _____;
that I last saw her alive on 9/20/39 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus - intestines
Duration ?

Due to ?
Primary - prob.

Due to 3 uterus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. _____)

Address Joplin Mo Date signed 10/14/39

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 6,

District File Number 1639-2275

Date Filed NOV 9 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.....

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

Signed F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin, 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.