

DEC 13 1939

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

38858
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 1067
(b) Township Malnut Primary Registration District No. 5009 Registered No. 291
(c) City Jarvis (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) 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.

2. PRINT FULL NAME

523 Emma Catherine Knight
(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 7 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Keeper
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) Mississippi

FATHER 13. NAME Christopher Shultz

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

MOTHER 15. MAIDEN NAME Margaretta Phifer

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

17. INFORMANT (ADDRESS) Mrs Ernest Shultz Jarvis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Carmel DATE Nov 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. M. & C. Collins South Lusk Mo

20. FILED Dec. 6 1939 Spencer & Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1939 to Nov 19 1939

I last saw her alive on Nov 19 1939 Death is said to have occurred on the date stated above, at 6:20 a.m.

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

pneumonia lobar

Date of onset

Other contributory causes of importance:

myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr C. L. Martin M.D.

(Address) Pittsville Mo.

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. 10

District File Number 12-39-2172

Date Filed DEC 11 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,

M H McCollum

or by

Registered Apprentice No., working under my personal supervision.

Signed

M H McCollum

Licensed Embalmer No. 2052

P. O. Address

South Safford Ave

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.