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

42797
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. 1273
(c) City St. Joseph, — (d) Street No. Missouri Methodist Hospital, St.
(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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 252 James L. McKnight,
(a) Residence, No. St. Burlington Junction, 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: Male
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: Linda H. McKnight,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1871
7. AGE: YEARS 68 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Speculator,
9. Industry or business in which work was done, as saw mill, bank, etc.: Live Stock
10. Date deceased last worked at this occupation (month and year): December 1938,
11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quitman, Missouri, 0

FATHER
13. NAME: John L. McKnight, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, New Y rk, 0

MOTHER
15. MAIDEN NAME: Ruth Bowman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Junction, Missouri.

17. INFORMANT (ADDRESS): Mrs. James L. McKnight, Burlington Junction, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Burlington Junction, Mo. DATE: Dec. 10, 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hexton - Be Yolo & Bowman, 319 So. 10th. Str. Funeral Home
20. FILED 12/11/39, 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1939, to 12/8, 1939
I last saw him alive on 12/7, 1939. Death is said to have occurred on the date stated above, at 1:40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
absence of Peritoneum	?
121	
Other contributory causes of importance:	
appendicitis	?
acute Pylo nephritis	

Name of operation: appendicitis drain — Date of 12/2/39
What test confirmed diagnosis? Sufficiency — 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 ....., 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: no
Nature of injury: ....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ....
(Signed) [signature], M. D.
85 (Address) 825 Charles St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, 12, 8, 39

or by

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

Signed

Licensed Embalmer No.

P. O. Address

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.