

FILED MAR 11 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
 (c) Name of hospital or institution St. Marys Hospital 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 wks  
 (Specify whether years, months or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole  
 (c) City or town Jefferson City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 214 Madison St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Oma Knight 523

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Earl Knight 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct 19 1861  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Edmonson Ky. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER  
 12. Name W. J. Hamilton 1  
 13. Birthplace Ky. (City, town, or county) (State or foreign country)  
 14. Maiden name Lady Hauggard 1  
 15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. J. Hamilton  
 (b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 2/29/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Riverview Cem

18. (a) Signature of funeral director Fischer Funeral Home  
 (b) Address Jefferson City, Mo.

19. (a) 2/29/40 (b) Dr. J. P. ...  
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
 year 1940 hour 2 minute 24 P.M.

21. I hereby certify that I attended the deceased from 2-8, 1940, to 2-27, 1940  
 that I last saw him alive on 2-27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
right hemiplegia

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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) \_\_\_\_\_ (Means of injury)  
 23. Signature W. J. Hamilton (M. D. or other) 1 m. P.  
 Address Jefferson City Mo Date signed 2/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

APR 13 1942

**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.....

*Victor Buescher*

Licensed Embalmer No.....

*3701*

P. O. Address.....

*Jc, 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.**