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21492

State File No. _____

Registration District No. 102

Primary Registration District No. 5227

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural West Peculiar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mi East of Peculiar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 16 years
years, months or days

3. (a) PRINT FULL NAME William Knox 570

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife Mary Winifred Butler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 27 (Month) (Day) (Year) 1881

8. AGE: Years 59 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Mundell Ark (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Monroe Knox

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

14. Maiden name Melisha Morrison

15. Birthplace Benton Co. Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mary W. Knox

(b) Address Peculiar Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Apr 25 40 (Month) (Day) (Year)

(c) Place: burial or cremation Wills Cem.

18. (a) Signature of funeral director Atkinson Bros

(b) Address Harrisonville Mo

19. (a) 4/23/40 (Date received local registrar) (b) Walter V. Robbins, MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Peculiar Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi East of Peculiar Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21 year 1940 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from 4/19/40 to 4/21, 1940 that I last saw him alive on 4/21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death occlusion coronary artery 2 days

Due to Embolus?

Due to _____

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? 153 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Walter V. Robbins (M. D. or other) _____

Address Peculiar, Mo Date signed 4/23/40

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.