JUN 15 1940

S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18394

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 409

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 716 S. Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 716 S. Campbell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Laurin Kneedler 534

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Joseph Kneedler 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Oct. (Month) 21 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
83	6	11	____ hr. ____ min.

9. Birthplace: Madison County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: ____

11. Industry or business: ____

FATHER
12. Name: E. C. Morris
13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Hall
15. Birthplace: Madison County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. Roscor Hawkins
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazlewood

18. (a) Signature of funeral director: ____
(b) Address: Springfield, Mo.

19. (a) 5-4-40 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RM3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 29, 1940, to May 2, 1940 that I last saw her alive on May 2nd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia or Bronchial Hypostatic	9 da.
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations: no
Of autopsy: No

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? No
(e) While at work? ____ (Specify type of place) (f) Means of injury: ____

23. Signature: Leslie R. Webb (M. D. or other)
Address: Springfield Mo. Date signed: 5-3-40

(Licensed Embalmer's Statement)

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 Paul Z. Lolling

Licensed Embalmer No. 2467

P. O. Address Spec No.

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.