DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dir. Fil. 18418

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 438

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 1345 Washington (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 510

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. 1345 Washington (If rural, give location)

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

3. (a) PRINT FULL NAME Beulah V. Knabb

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 Married

6. (b) Name of husband or wife Dr. Arthur D. Knabb

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 24 (Day) 1891 (Year)

8. AGE: Years 48 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Winfield (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name William Harlow
13. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kennedy
15. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. Arthur Knabb

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer

(b) Address Springfield Mo

19. (a) May 15 1940 (Date received local registrar) W. E. Handley MD (Registrar's signature) RMB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 10, 1940, to May 13, 1940; that I last saw her alive on May 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	1 year
Due to Carcinomatosis of Liver	5 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings:
Of operations
Of autopsy

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? 944 (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert Flynn (M. D. or other) MD

Address Springfield Date signed 5/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

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 Lewis G. Scharff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.

X