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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. 18706

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 101

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 208 N. Harrison (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 two months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Lillie M. Knight 523

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 Unknown

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

7. Birth date of deceased May 28th, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	8	hr. min.

9. Birthplace Goodland, Ind (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name ??????? Stewart

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

MOTHER

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Alden Knight

(b) Address Carthage, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Pierpont S Dakota

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, Mo.

19. (a) May 6, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr. 25, 1940 to May 5, 1940 that I last saw her alive on May 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal hypostatic pneumonia	3 days
Due to Cerebral apoplexy	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? 865 While at work? (Specify type of place) (e) Means of injury

23. Signature Geo Byrd M.D. (M. D. or other)

Address Carthage Mo. Date signed May 6 1940

(Licensed Embalmer's Statement on Reverse Side)

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 R. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar 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.