

WHILE EXAMINING WITH UNFADING INK—THIS IS 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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21697
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Franklin Registration District No. 300
 (b) Township Lyon Primary Registration District No. 5417
 (c) City Gerald, Missouri (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ³⁵² Frank Edward Knehans
 (a) Residence, No. Route 1 Gerald, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Minnie Knehans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 19, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	80	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this life _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald, Missouri

FATHER

13. NAME H. W. Knehans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Minnie Rosenahl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edw. H. Knehans
Merged in

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Church DATE 3-18-40, 19__

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ernest P. Ottmann
Gerald, Missouri

20. FILED 4-18, 1940 J. H. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1940 to 3-15-1940. I last saw him alive on 3-15-1940. Death is said to have occurred on the date stated above, at 9 P.M. The principal cause of death and related causes of importance were as follows:
Chronic Indurative
Carditis
1510

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. W. Meek M. D.
Gerald, Mo. (Address)

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.....

Ernst L. Oltmann

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address. Gerald, Missouri

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.