

No. 2  
4-13-40  
5-17-39  
P-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **2480**

**FILED** FEB 14 1941

Registration District No. **288** Primary Registration District No. **54-16** Registrar's No. \_\_\_\_\_

500  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Dunklin**  
 (a) County: **Dunklin**  
 (b) City or town: ~~Kennett~~ **Rural Independence**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **60 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **Dunklin**  
 (c) City or town: **Kennett - Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: **7-mi. Sev. Kennett**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: **HUGH MACK KNIGHT**  
 (b) If veteran, name war: \_\_\_\_\_  
 (c) Social Security No.: **10**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan** day **26** year **1941** hour **11** minute **05 a.m.**

4. Sex: **M** 5. Color or race: **white**  
 6. (a) Single, widowed, married, divorced: **Widowed**  
 6. (b) Name of husband or wife: **Mollie Knight**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: **Dec-17-1853**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 20**, 19**41**, to **Jan 26**, 19**41**; that I last saw him alive on **Jan 24**, 19**41**; and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months **1** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: **Bronchial pneumonia 18 hr**  
 Due to **Pneumococcus**  
 Due to **influenza 6 days**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace: **Dyersburg Tenn**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business \_\_\_\_\_  
 12. Name: **Lebkuehn**  
 13. Birthplace: **Lebkuehn** 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Lebkuehn**  
 15. Birthplace: **Lebkuehn** 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. S. M. Johnson**  
 (b) Address: **Kennett, Mo**

17. (a) **Burial** (b) Date thereof: **1/27-1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Liberty**

18. (a) Signature of funeral director: **Paul Johnson**  
 (b) Address: **Kennett, Mo**

19. (a) **1-27-41** (b) **Dr. Wheeler**  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? **26** (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature: **George Gilman** (M.D. or other) **DO**  
 Address: **Kennett, Mo** Date signed: **1-27-41**

RECEIVED

District Health Officer No. 2

District File Number 741-243

Date filed 2/12/41

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 J.P. Salmon

Licensed Embalmer No. 7556

P. O. Address Keneth, 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, fact should be so stated above.