

No. 2  
1-10-39  
17-31  
X:21482

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3233**

JAN 20 1941

Registration District No. **488**

Primary Registration District No. **6365**

Registrar's No. **11**

57  
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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Hankspoint  
(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 1  
(Specify whether)

In this community 54  
years, months or days

8. (a) PRINT FULL NAME FRANK KNIZEL, SR.

8. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Knizel

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 19 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 19  
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Ignac Knizel

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

14. Maiden name Unknown

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

16. (a) Informant John Knizel

(b) Address Hankspoint MO

17. (a) Burial (b) Date thereof Jan 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cem

18. (a) Signature of funeral director Wray M. E. Gray

(b) Address Troy Mo.

19. (a) 1-9-41 (b) J. V. F. Garvin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 74 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
year 1941 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 10  
1940, to Jan 8, 1941  
that I last saw him alive on Jan 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 468  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

430  
430  
23. Signature Charles Garvin (M. D. or other) \_\_\_\_\_  
Address Warrenton Mo Date signed 1/10/41

**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.....

*Wayne Mc Coy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.**