

FILED MAR 14 1941 69  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4098

State File No. \_\_\_\_\_

Registrar's No. 8

## 1. PLACE OF DEATH:

(a) County Chariton  
Brunswick  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 21  
(c) City or town \_\_\_\_\_  
(If outside city or town limit, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ (1) years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5<sup>th</sup>  
year 1941 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from  
Nov 2 1941 to Feb 5 1941  
that I last saw her alive on Feb 4 1941  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Acute cardiac  
dilatation  
Due to: Chronic myocard  
arteriosclerosis  
Due to: \_\_\_\_\_  
Other conditions: Interstitial nephritis  
(Include pregnancy within 3 months of death)

## Duration

2 1/2

## Major findings:

Of operations: None  
Of autopsy: None

## 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?  
158 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Harry E. Johnson (M. D. or other) D  
Address Brunswick, Mo Date signed 2/6/41

3. (a) PRINT FULL NAME LOLA KNIGHT

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 Will Knight 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 25 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 10 hr. min.

9. Birthplace Brunswick 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

## 11. Industry or business \_\_\_\_\_

12. Name David Smutz  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Smith  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Knight  
(b) Address Brunswick, Mo.  
17. (a) Burial (b) Date thereof 2---7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. W. Haerel  
(b) Address Brunswick, Mo.

19. (a) Feb 6 1941 (b) Harry E. Johnson  
(Date received local registrar) (Registrar's signature)

RECEIVED

RECORDED

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-12-41

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

*L. Weissel*

Licensed Embalmer No.

823

P. O. Address

*Brunswick, N.C.*

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.

Registration District No. 169

Primary Registration District No. 4098

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Brunswick  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Brunswick  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Lola Knight

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 10 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) June 16, 1941 (b) Harry E. Tatum (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

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

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?

While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Harry E. Tatum (M. D. or other)

Address Brunswick Date signed \_\_\_\_\_

SUPPLEMENTARY

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

