

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21243

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 757

1. PLACE OF DEATH:

(c) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
727 N. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community. 4 1/2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 727 N. 9th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leo Francis Knatt

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-03-7540

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Ada Knatt

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 11 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Patomas
(City, town, or county)

Ollinait
(State or foreign country)

10. Usual occupation Printer

11. Industry or business Printer

12. Name Richard W. Knatt

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

14. Maiden name Blanche M. Bruden

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

16. (a) Informant Ada Knatt

(b) Address 727 N. 9th Poplar Bluff

17. (a) Burial (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City

18. (a) Signature of funeral director Frank Mantony

(b) Address Poplar Bluff, Mo.

19. (a) 6/23/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 12
1941 to June 19 1941

that I last saw him alive on June 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure 1-19-41

Due to Myocarditis 1-15-41

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. optional) _____
Address Poplar Bluff, Mo. Date signed 6-23-41

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

12
37

1-2

JUN 28 1941

JUN 30 1941

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

Lynard J. Spinkler

Licensed Embalmer No. 4013

P. O. Address

Poplar Bluff

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.