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4-41
7-39
X26390

FILED JUL 18 1941

Registration District No. 861

Primary Registration District No. 6132

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Laney

(b) City or town Forsyth, Mo

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years

years, months or days 2-1-1909

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Laney 106

(c) City or town Forsyth

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jennie Knop

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10

year 1941 hour Eight minute _____ P.M.

21. I hereby certify that I attended the deceased from 6

9:00 1941 to 6-10-1941

that I last saw her alive on 6-10- 1941

and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John N. Knop

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

7. Birth date of deceased June 10 1876

(Month) (Day) (Year)

Immediate cause of death Chronic Myocardial

failure

Due to Artery degeneration which

strangely these (300 lbs)

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>6</u>	hr. _____ min.

Duration 1 1/2 hr.

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

Major findings: 93 H

Of operations _____

Of autopsy None

9. Birthplace Arkansas

10. Usual occupation House wife

11. Industry or business _____

12. Name Burton Shirley

13. Birthplace unknown

14. Maiden name E. Elizabeth Reed

15. Birthplace unknown

16. (a) Informant Bernice Petts

(b) Address Forsyth, Mo

17. (a) Burial (b) Date thereof 6-12-41

(c) Place: burial or cremation Swan Mo

18. (a) Signature of funeral director J. H. Brown

(b) Address Forsyth, Mo

19. (a) July 10-41 (b) Jennie B. Reynolds

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? _____

773 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. H. Brown (M. D. or other) _____

Address Forsyth, Mo Date signed 6-13-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 741-1247

Date Filed JUL 17 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.