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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 175901

Registration District No. 5711 Primary Registration District No. ~~5940~~ 5940 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: Union Township
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pulaski
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Dixon
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: C

3. (a) PRINT FULL NAME: William Calvin McKnolly
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaret McKnolly
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: December 6, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	15	____ hr. ____ min.

9. Birthplace: Maries County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER 12. Name: Peter McKnolly
FATHER 13. Birthplace: Tennessee (City, town, or county) (State or foreign country) /
MOTHER 14. Maiden name: Minerva Graus
MOTHER 15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. W. C. McKnolly
(b) Address: Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Fred H. Gilbert
(b) Address: Dixon, Mo.
19. (a) 7/28/41 (Date received local registrar) (b) A. D. Leck (Registrar's signature)
637

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21 year 1941 hour ____ minute 10 P. M.
21. I hereby certify that I attended the deceased from 1-4, 1941, to 7-21, 1941 that I last saw him alive on 7-19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: L. Miller M.D. (M. D. or other)
Address: Dixon, Mo Date signed: 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 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 .....

July 21, 1941 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Mo.

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.