

No. 2  
4-12-40  
-17-39  
K 223159

FILED SEP 2 1941  
Registration District No. 120

Primary Registration District No. 3009

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

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution St. Francis  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town  
(d) Street No.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Burton J. Knotts  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8 day 12 year 41 hour 8 minute 50 A. M.

4. Sex Male  
5. Color or race W.  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Mrs. Ellie Knotts  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased October 27 1874

21. I hereby certify that I attended the deceased from 8/9 1941 to 8/12 1941 that I last saw him alive on 8/12 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 9 Days 15 If less than one day hr. min.

Immediate cause of death Myocarditis with decompensation  
Duration 2 yrs

9. Birthplace Potosi Missouri

Due to Obesity and arterial sclerosis  
Due to

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations

MOTHER FATHER  
12. Name Burton Knotts  
13. Birthplace Paris Know  
14. Maiden name Emma Knotts  
15. Birthplace Paris Know

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Of autopsy

16. (a) Informant Sylvia Morgan  
(b) Address  
17. (a) Burial (b) Date thereof August 16 1941  
(c) Place: burial or cremation Brackett

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director M. Hobb  
(b) Address Potosi, Mo.  
19. (a) 8-12-41 (b) J. M. Thompson

While at work? (Specify type of place) (e) Means of injury  
23. Signature R. A. Pitter, M.D. (M. D. or other)  
Address Cape Girardeau, Mo. Date signed 8/12/41

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**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 with the above constitutes grounds for revocation of license.)**

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 279.53  
Registrar's No. 306

Registration District No. 125 Primary Registration District No. 3009

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(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)

3. (a) PRINT FULL NAME Burton J. Knotts  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 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 \_\_\_\_\_ years

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

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one year \_\_\_\_\_ 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) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 8-15-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 15 Year 1941 Hour 8 Minute 50 A.M.  
21. I hereby certify that I attended the deceased from 8/12 1941  
that I first saw him/her alive on 8/12 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

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)  
(b) 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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

MOTHER FATHER

