DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28167

Registration District No. 241 Primary Registration District No. 5334 Registrar's No. 129

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Near Brice Mo
(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 ✓ In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas
(c) City or town Brice Mo
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charley C Knowel
3. (b) If veteran, name war Spanish American
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) La Hark Ill (Day) (Year)
8. AGE: Years 65 Months 2 Days 19 If less than one day hr. min.
9. Birthplace La Hark Ill (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Unknown (FATHER)
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown (MOTHER)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs C Harley C Knowel
(b) Address Lebanon Mo Gen Del
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Cemetery
18. (a) Signature of funeral director E N Stewart
(b) Address Lebanon Mo R3
19. (a) 9-10 41 (Date received local registrar) (b) Harvey Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1941 hour 3 minute a M.
21. I hereby certify that I attended the deceased from 8-28, 1941 to 8/28, 1941; that I last saw h alive on did not see him, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris was bad when I reached his home — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9413

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 0

23. Signature Lee M Couch (M. D. or other)
Address Date signed

218 (Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1941

RECEIVED
District Health Officer No. 7
District File Number 9-41-1682
Date Filed 9-15-41

5 9 9 L
61 2-17
82-8-1481

## 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 E. N. Stewart, Registered Apprentice No. ..... working under my personal supervision.

Signed E N Stewart

Licensed Embalmer No. 1885

P. O. Address Lebanon Mo

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

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

S. No. 2B
I—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28167

Registration District No. 241 Primary Registration District No. 5334 Registrar's No. 1291

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town near Buffalo Mo
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charley C. Knowel
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 None
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 day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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 Mrs Chas C Knowels
(b) Address Buffalo Mo
17. (a) Burial Crem (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director E N Stewart
(b) Address Lebanon Mo
19. (a) 8-28-41 (Date received local registrar) (b) Harvey Mobley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug Day 26 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.

| | Duration |
|---|---|
| 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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY