

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2030  
Registrar's No. 5

Registration District No. 200

Primary Registration District No. 4120

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Kearney, 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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME John Henry Knouse

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 Widowed  
6. (b) Name of husband or wife Mary E. Knouse 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 14 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78 (73)</u>	<u>7</u>	<u>1</u>	hr. _____ min.

9. Birthplace Sangamon, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Wesley Knouse  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Johnson  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Bow

(b) Address Kearney, Mo.

17. (a) Burial (b) Date thereof Sept. 17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gover, Missouri

18. (a) Signature of funeral director Leonard Fay

(b) Address Kearney Missouri

19. (a) 9-16-41 (b) Phas J Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton  
(c) City or town Gover  
(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. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1936  
19\_\_\_\_, to Sept 15, 1941;  
that I last saw h. IM alive on Sept 13, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>1 yr.</u>
<u>uremia.</u>	<u>2 wks.</u>
Due to <u>Chronic glomerular nephritis</u>	
<u>Generalized Anasarca.</u>	<u>3 weeks</u>
Due to _____	

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1316

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.R. Schuhmacher (M. D. or other) M.D.  
Address Kearney Mo Date signed 9-16-41

RECEIVED  
Superior Health Officer No. 8  
District File Number AK  
Date Filed 1-28-42

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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 Leland Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Keeney Mo.....

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, above space should be left blank.