

FILED MAR 5 1943
Registration District No. **233**

Primary Registration District No. **5318**

289

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Leasburg *P. K. Knight*

(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 72 Years. (Specify whether years, months or days)

8. (a) PRINT FULL NAME JOSEPH H. KNIGHT

8. (b) If veteran, name war No.

8. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Knight

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 2, 1869

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Leasburg Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Mercantile

MOTHER FATHER

12. Name Joseph Knight

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name Katherine Drennan

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Knight

(b) Address Leasburg, Missouri.

17. (a) Burial _____ **(b) Date thereof** Jan. 9, 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director Thos. P. Shaffer

(b) Address Sullivan, Missouri.

19. (a) 1-7-1943 **(b) H. F. Drury, M.D.**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Crawford

(c) City or town Leasburg

(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 Jan day 7

year 1942 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Jan 7 1942

that I last saw him alive on Jan 7 1942

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

Immediate cause of death _____

Perniciouus Anemia.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

730

Duration _____

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 H. F. Drury (M. D. or other)

Address Leasburg, Mo. Date signed 1-7-42

RECEIVED

District Health Officer No. 5,

District File Number 2422-65

Date Filed _____

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 Edgar W. Laffoon
Licensed Embalmer No. 3394
P. O. Address Sullivan, 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.