

S. No. 2
M-1-4-41
v. 5-17-39
X28390

14102

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 120

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

1. PLACE OF DEATH:

(a) County... COLE

(b) City or town... JEFFERSON CITY, MO.

(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution... ONE HOUR
(Specify whether years, months or days)

In this community... 40 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... COLE

(c) City or town... JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL.")

(d) Street No. 1414 W. MC. CARTY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. ROSE KNERSHIELD

3. (b) If veteran, name war... NONE

3. (c) Social Security No. NONE

4. Sex... FEMALE 5. Color or race... WHITE

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

6. (b) Name of husband or wife... WILLIAM KNERSHIELD

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

7. Birth date of deceased... MAY 6, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 0 3 hr. 0 min.

9. Birthplace... MEXICO, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation... HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name... EDWARD SCHNEIDER

13. Birthplace... UNKNOWN

14. Maiden name... KATHERINE KORN

15. Birthplace... UNKNOWN

16. (a) Informant... JULIUS SCHNEIDER

(b) Address... JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof... 5/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... RIVERVIEW CEMETERY

18. (a) Signature of funeral director... J. H. Smith

(b) Address... JEFFERSON CITY, MO.

19. (a) 5-13-42 (b) Normal O'Quinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... MAY day... 9
year... 1942 hour... 7 minute... 30P. M.

21. I hereby certify that I attended the deceased from May 9
1942 to May 10 1942

that I last saw her alive on May 9 1942
and that death occurred on the date and hour stated above

Immediate cause of death... cerebral hemorrhage

Due to... arteriosclerosis

Due to... hypertension

Other conditions... 1

(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... J. H. Smith (M. D. or other) MD

Address... Jefferson City Date signed... 5/11/42

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 Sylvester Dull, Registered Apprentice No. 292,
working under my personal supervision.

Signed John F. Henke
Licensed Embalmer No. 3655
P. O. Address Jefferson City, 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, fact should be so stated above.