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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20800

State File No.

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 199

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 02
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs 4 m 11 d (Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland 14
(c) City or town Memphis 2
(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 Mary P. Knight
3. (b) If veteran, name war DK.
3. (c) Social Security No. DK.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Joseph P Knight
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased 6/20/66 (Month) (Day) (Year)

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Tungworth Iowa 1 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John S Adams
13. Birthplace Xenia Ohio 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Dawson
15. Birthplace Maryland 1 (City, town, or county) (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Mo
18. (a) Signature of funeral director W. Payne & Sons
(b) Address Memphis, Mo
19. (a) 6-23-42 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1942 hour 6-45 minute a M.
21. I hereby certify that I attended the deceased from 6/15/ 1942, to 6/20/ 1942
that I last saw her alive on 6/19/ 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3d
Due to Arterio Sclerosis	5 yrs +
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 d	

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
23. Signature George W Reers (M. D. or other) M.D.
Address Fulton Mo Date signed 6/20/42

1141

(Licensed Embalmer's Statement on Reverse Side)

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.