S. No. 2
M—9-4-4
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I X294

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27431

Registration District No. 1946 Primary Registration District No. 2001 Registrar's No. 351

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 min. (Specify whether years, months or days) In this community Eight Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1031 Main (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Martin Knight
3. (b) If veteran, name war World War
3. (c) Social Security No.
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) — (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days If less than one day hr. min.

9. Birthplace Decatur (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Huckster
11. Industry or business Marketing
FATHER
12. Name Henry Knight
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Miles Evans
15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant W. H. Barton
(b) Address Decatur Ark.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Decatur
18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address Joplin, Mo Don Tetrick
19. (a) 8-25-42 (Date received local registrar) (b) Perlrude Sudhuetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1942 hour 2:30 minute 8 M.
21. I hereby certify that I attended the deceased from 1942, 19, to 19 that I last saw h Did not see him alive and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Which occurred during fist fight
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 12 2
(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 Coroner
23. Signature P. A. Webster (M. D. or other)
Address Carthage Mo Date signed Aug 24 '42

1204

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1942

SEP 10 1942

SEP 10 1942

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin

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.

No. 2B
M- 3-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27431

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 351

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John (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: Martin Knight

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: D

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

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

7. Birth date of deceased: May (Month) (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days ..... If less than one day: hr. ..... min.

9. Birthplace: (City, town, or county) ..... Ark (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 .....

(b) Address .....

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

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

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. Day 22 year 1942 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.

Immediate cause of death: Coronary occlusion

Due to: which occurred during fist fight

Due to .....

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

Major findings: Of operations .....

Of autopsy .....

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): Accident

(b) Date of occurrence: Aug 22 42

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place? (Specify type of place)

While at work? ..... (e) Means of injury: fist

23. Signature: W. N. Webster Coroner (M. D. or other)

Address: Carthage Mo. Date signed Aug 27 1942

SUPPLEMENTARY

NOV 24 1942