S. No. 2
M—5-42
7. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36641

State File No.

Registration District No. 38

Primary Registration District No. 3006 5120

Registrar's No. 24

10
2
4

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: 121 Third Ave. /
(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): 4 Months

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 121 Third Ave.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JESSIE KNIGHT

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: Married

6. (b) Name of husband or wife: Claude Knight

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

7. Birth date of deceased: 3 (Month) - 30 (Day) - 1921 (Year)

8. AGE: Years 21 | Months 7 | Days 2 | If less than one day: hr. min.

9. Birthplace: Organ County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: L.H. Dodd

13. Birthplace: Ripley County (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name: Bertha Dale

15. Birthplace: Ripley County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: L.H. Dodd

(b) Address: 121 Third Ave., Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 2, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Poplar Bluff, Missouri

18. (a) Signature of funeral director: Parkins

(b) Address: Columbia, Mo.

19. (a) Nov. 2-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 2 year: 1942 hour: 7:50 minute: A. M.

21. I hereby certify that I attended the deceased from Oct 15 - 42 to Nov 2 1942, that I last saw her alive on Oct 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis (Pulmonary)	
Due to:	
Due to:	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Lloyd Simpson (M. D. ~~or other~~)

Address: Columbia Mo Date signed Nov 2 - 42

1250

(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 W H Vandeventer

Licensed Embalmer No. 2494

P. O. Address Columbia, 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.