

S. No. 2  
M-5-42  
v. 5-17-39  
WI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40618

FILED JAN 11 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4555

Registrar's No. 48

1. PLACE OF DEATH

(a) County Daviness  
(b) City or town Cossey  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviness  
(c) City or town Cossey  
(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 William Austin Knott

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Dec day 23  
year 1942 hour 9:30 minute A M.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced, widowed

21. I hereby certify that I attended the deceased from Nov 30, 1942, to Dec 23, 1942  
that I last saw h.i.m. alive on Dec 23, 1942  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Chronic Myocarditis  
Duration 0200  
15905

7. Birth date of deceased Sept 3 1854  
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Unknown

9. Birthplace McClain Co Ill.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions 93rd  
(Include pregnancy within 3 months of death)

11. Industry or business Farming

Major findings: \_\_\_\_\_

12. Name Joseph Knott

Of operations ✓

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

Of autopsy ✓

14. Maiden name Margaret Cronquist

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Ross Knott  
(b) Address Cossey Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Dec 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(c) Place: burial or cremation Union Cemetery

(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director E. L. Brown

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(b) Address Pattonsville Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

19. (a) 12/31/42 (b) A. Orzechowski  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature A. Baumgardner (M. D. or other) do  
Address Cossey Mo Date signed 7-24-42

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

31  
00

1084

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI

**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 *G. L. Gromer*

Licensed Embalmer No. 2857

P. O. Address *Pattersonburg 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.**