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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6701

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural ~~Grove~~ Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Martha Ellen Knaus

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife George

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

7. Birth date of deceased April (Month) 13 (Day) 1859 (Year)

8. AGE: Years 83 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Shelbyville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation housewife

11. Industry or business X

FATHER
12. Name William Landingham
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Margarite Montgomery
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Jacob Knaus
(b) Address Knob Noster Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster Cemetary

18. (a) Signature of funeral director C. L. Saults
(b) Address Knob Noster Mo

19. (a) 2-23-43 (Date received local registrar) (b) Mrs C E Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st
year 1943 hour 5:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1943 to Feb 21, 1943
that I last saw her alive on Feb 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronchial pneumonia

Due to

Due to

Other conditions (1) Old Hemaplegia
(Include pregnancy within 3 months of death) (2) Chr Bronchiectasis
(3) Chr myocarditis

Major findings Of operations ✓

Of autopsy ✓ 930

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 ✓

(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 H. W. Grove (M. D. or other) MD
Address Knob Noster, Mo Date signed Feb 22

594

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-6-43

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~~ C. L. Sault, Registered Apprentice No. , working under my personal supervision.

Signed C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.