

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 10 1943 122

Registration District No. 122

Primary Registration District No. 5456

Registrar's No. ....

1. PLACE OF DEATH: *Greenwood*

(a) County Brookline R.F.D. MO

(b) City or town. \_\_\_\_\_  
(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 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Brookline R.F.D. R1  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Knichel

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1943 hour 12 minute 30 P.M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased Sept 26 1938  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 9 1943, to April 9 1943 that I last saw her alive on April 9 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 6 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage

Duration 3 1/2 hrs

9. Birthplace Germany  
(City, town, or county) (State or foreign country) 4

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alto K Hoil

13. Birthplace Germany  
(City, town, or county) (State or foreign country) 7

14. Maiden name Don't know

15. Birthplace Do not know  
(City, town, or county) (State or foreign country) 9

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Knichel

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

(b) Address St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

(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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director R. E. Thurman

(b) Address Hempfle

23. Signature E. M. LeCompte (M. D. or other) M.D.

19. (a) 4/10/43 (Date received local registrar) (b) Flourne Britain (Registrar's signature)

Address Brookline R.F.D. Date signed 4/10/43

1241

(Licensed Embalmer's Statement on Reverse Side)

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

39  
80

RECEIVED

Greene County Health Office,

County File Number 43-5-38

Date Filed 5/6/43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**