

No. 7
-5 42
7-22

APR 30 1943

Registration District No. 76 383

Primary Registration District No. 5653

State File No. _____

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town St. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 564 days
(Specify whether years, months or days)

In this community 564 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Miller
(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 Mary Ann Knott

(b) If veteran, name war Mo

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour 1 minute 40 P M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 8 1925
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9 1941 to March 26 1943
that I last saw her alive on March 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pul thc - alt 2 yrs

Duration _____

8. AGE: Years 18 Months 1 Days 18 If less than one day hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name James B Knott

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

14. Maiden name Miller

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

16. (a) Informant Miss Michael Reed Clerk

(b) Address Mo State Jan. Mt. Vernon Mo

17. (a) Burial (b) Date thereof 3-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerhill

18. (a) Signature of funeral director Norman - Julian Miller Mo.

(b) Address _____

19. (a) April 23-43 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 13 p 1

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T.M. Crawford (M. D. or other) _____
Address _____ Date signed 3/27/43

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

MOTHER FATHER

RECEIVED

District Health Officer No 6,

Division No. 443-518

Date Filed 4-29-43

JUN 1 1943

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..... *L. B. Seaman*

Licensed Embalmer No. *3397*

P. O. Address *Miller St.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14713
Registrar's No. 60

Registration District No. 383

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 564 da
(Specify whether
In this community 564 da.
years, months or days)

3. (a) PRINT FULL NAME Mary A. Knott

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Feb. 8 1920
(Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days _____ (If less than one day, min.)

9. Birthplace Union, Mo.
(City, town, or county) (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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 23-43 (b) Judy Campbell
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
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 _____
(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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-14713