No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14997

State File No.

ED APR 29 1943

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Camp Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospita, Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 6 days (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 26
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Eugene
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Everett H. Knernschield

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

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 January (Month) 21 (Day) 1921 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	2	12	- hr. - min.

9. Birthplace Cole County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name George Fred Knernschield
13. Birthplace Cole County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lydia Annie Knernschield
15. Birthplace Cole County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 2, '43 (Month) (Day) (Year)
(c) Place: burial or cremation Russellville, Mo.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) 4-2-43 (Date received local registrar) (b) Corley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1943 hour 6 minute 50 AM.

21. I hereby certify that I attended the deceased from January 27, 1943 to April 1, 1943;
that I last saw him alive on April 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Medullary edema

Due to brain tumor

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

23. Signature M. Evans Knell (M.D. or other) MD
Address Camp Crowder, Missouri Date signed 4/2/43

1110

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1943

Date Received APR 26 1943

File No. 443-71

SEP 10 1948

APR 28 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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14991

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Camp Crowder
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 6 da (Specify whether years, months or days)
In this community 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cole
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Eugene
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Everett H. Knernschield
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
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 Jan. (Month) 27 (Day) 1925 (Year)
8. AGE: Years 22 Months 2 Days 27 If less than one day hr. min.
9. Birthplace Cole County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Soldier
11. Industry or business U. S. Army
MOTHER FATHER
12. Name George Fred Knernschield
13. Birthplace Cole County Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lydia Annie Knewnschield
15. Birthplace Cole County Mo (City, town, or county) (State or foreign country)
16. (a) Informant Soldiers's Service Record
(b) Address Camp Crowder, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 2 day year 1943 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from January 27 1943 to April 1 1943; that I last saw him alive on April 1, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Medullary Edema	
Due to Brain Tumor malignant, medulo-blastoma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 54 f	
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 [illegible] M. D. or other MC
Address Camp Crowder, Missouri Date signed 4/2/43

S-14997