

AUG 9 1943  
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1749 S. Jefferson  
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Irving Knight

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bonnie Knight 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 8 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>58</u>	<u>1</u>	<u>12</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name Frank Knight

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Ransel

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

16. (a) Informant Mrs. B. M. Dehoney

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof July 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-21-43 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th, year 1943 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-18-43 to 7/20/43, 1943; that I last saw him alive on 7/20/43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myelogenous Leukemia

Due to 2 1/2 wks

Due to 74a

Other conditions 74a  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? Springfield, Missouri  
(City or town) (County) (State)

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

While at work? 0 (Specify type of place) (c) Means of injury

23. Signature C. E. Keller (M. D. or ~~DDS~~)

Address Springfield, Mo. Date signed 7/24/43

Duration

2 1/2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Lewis G. Scherpf  
Licensed Embalmer No. 3802  
P. O. Address Springfield, 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.**