

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29654

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City Mo.
(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 60 yrs
years, months or days)

3. (a) PRINT FULL NAME LOUISA KNIGHT

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex M 5. Color or race N 6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife William Knight 6. (c) Age of husband or wife if
alive 85 years

7. Birth date of deceased Dec 22 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Lewis Mc Donald

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hancock

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Knight

(b) Address Grant City Mo.

17. (a) Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Park Cemetery

18. (a) Signature of funeral director John C. Stumler

(b) Address Grant City Mo.

19. (a) Aug 10 - 43 (b) Arthur Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth
(c) City or town Grant City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3rd
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
Sept 1941 to May 3rd 1943
that I last saw her alive on May 3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial

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 sta-
tistically.

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 Frank Mc Lee (M. D. or other)

Address Grant City Mo.

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.....

Arch C. Dumble

Licensed Embalmer No. *3252*

P. O. Address. *Grant City, 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.