

FILED JAN 12 1944
Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Herkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME KNOTTS JESSIE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. W 2
6. (b) Name of husband or wife Jessie R. Knotts 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER
12. Name Samuel Pim
13. Birthplace W. Va
(City, town, or county) (State or foreign country)
14. Maiden name Rubena East
15. Birthplace W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ethel Stotts
(b) Address Atlanta, Ga.

17. (a) Burial (b) Date thereof Jan 7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lucas Cemetery

18. (a) Signature of funeral director Fred R. Enley
(b) Address Boschman, Mo.

19. (a) 1/8/44 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Herkville
(If outside city or town limits, write "RURAL")
(d) Street No. Wabash St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

III MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day fourth
year 1944 hour four minute 41 A.M.

21. I hereby certify that I attended the deceased from December 20 74 1943 to Jan 4 74 1944
that I last saw her alive on Jan 4 29 1944
and that death occurred on the day and hour stated above.

Immediate cause of death pneumonia Duration _____

Due to Cardiac decompensation

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 William V. Cole (M. D. Dr)
Address Herkville, Missouri Date signed 1/4/44

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

2-43
7-39
X35697

JAN 24 1944

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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Brookline, 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.