

FILED FEB 1 1944

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 N. Wall Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 631 Byers Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Knocker

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

4. Sex M 5. Color or race W
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 9, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation retired carpenter

11. Industry or business _____

12. Name Andrew Knocker

13. Birthplace Meadville Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Christen Bunker

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

16. (a) Informant Mrs. W. C. Wilkerson

(b) Address 3007 E. 8th, Joplin, Mo.

17. (a) burial (b) Date thereof 1/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin Mo

19. (a) 1-14-44 (b) Justus Sudharter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Dec 6
43 to Jan 12 1943
that I last saw him alive on Jan 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Prostatic Hypertrophy

Due to Urine Retention 10 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 137a PHYSICIAN _____

Of autopsy _____
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 A. L. Crawford (M. D. or other) _____

Address 6317 Ross Road Date signed _____

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

19
2
5

MOTHER FATHER

1004

1-14-44

44-1-45

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.