

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7679

State File No. _____

FILED MAR 28 1944
Registration District No. _____

Primary Registration District No. 3040

Registrar's No. 17

1. PLACE OF DEATH:

(a) County District

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County District

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

(d) Street No. No number
(If rural, give location)

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

3. (a) PRINT FULL NAME Oliver B Knott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1944 hour six minute 50 P. M.

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 (Duy) (Year)

7. Birth date of deceased Nov-18-1869 (Month) (Duy) (Year)

21. I hereby certify that I attended the deceased from Feb 17 1944 that I last saw alive on Feb 18 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 - 3 4 hr. min.

Immediate cause of death Central hemorrhage

Due to arterio-sclerosis

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

10. Usual occupation Farmer Retired

Other conditions g3a (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name James H Knott

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

14. Maiden name Amanda Birdsell

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

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? _____

16. (a) Informant Folita R. Russell

(b) Address Shula mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Avalon Leevy

18. (a) Signature of funeral director James D Gordon

(b) Address Levlille Mo

19. (a) Feb 24-1944 (Date received local registrar) Lou Ethal Curry (Registrar's signature)

While at work _____ (Specify type of place of injury)

23. Signature [Signature] (M. D. or other) [Signature]

Address Levlille mo Date signed 2/24/44

458 (Licensed Embalmer's Statement on Reverse Side)

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

9
1
2

MOTHER FATHER

Duration

7da

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.....

Jamert Gordon

Licensed Embalmer No. *1870*

P. O. Address. *Lehillicothe M*

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.