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DC36671

FILED APR 10 1944

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 311

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Meth. Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 Days (Specify whether  
In this community 70 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. ~~1111~~ 2026 Eby  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Clara Reed Knight

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

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

6. (b) Name of husband or wife O.B. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 2 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 7 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Morris A. Reed  
13. Birthplace Watertown N.Y. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kimball  
15. Birthplace Bathe Maine 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr Roger Moore  
(b) Address 1311 N 26 St

17. (a) Burial (b) Date thereof 3-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Mora

18. (a) Signature of funeral director FLEEMAN & SON, INC.  
(b) Address St Joseph, Mo.

19. (a) 3-28-44 (b) Rose Sturgeon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26  
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 25, 1944 to Mar 26, 1944  
that I last saw her alive on Mar 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia atypical  
Secund attack  
Due to Influenza Virus?

Duration  
4 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Dr. P. P. P. (M.D. or other) md  
Address St Joseph Mo Date signed 3-27-44

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

MOTHER FATHER

1293

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**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.....

*Robert H. Yaph*

Licensed Embalmer No. ....

*3308*

P. O. Address.....

*St Joseph, 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.**