

FILED MAY 11 1944

State File No. _____

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Calhoun
 (b) City or town Praymer, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (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 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Calhoun 13
 (c) City or town Praymer
(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 _____

3. (a) PRINT FULL NAME SAMUEL HUMPHRY M. KNIGHT
 (b) If veteran, _____ name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16th
 year 1944 hour 5 minute 25 a.m.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Rosa Hermana McKnight 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Feb. 7 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept-10-1940 to April-16-1944
 that I last saw him alive on April 15-1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 2 9 _____ hr. _____ min.

Immediate cause of death Cerebral Thrombosis Duration 10 yrs
 Due to Arterio Sclerosis (long duration)
(Hypertension)

9. Birthplace Knopville Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Cardiopathy B.V. volary MD

MOTHER FATHER
 12. Name Andrew Jackson McKnight
 13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah C. Mead
 15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

Major findings: None PHYSICIAN _____
 Of operations: _____
 Of autopsy: None 38
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Sam M. Knight
 (b) Address Praymer, Mo
 17. (a) Burial (b) Date thereof 4/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Praymer Cem.
 18. (a) Signature of funeral director Burial F. Mead
 (b) Address Praymer, Mo
 19. (a) 4/18/44 (b) E. O. Thompson
(Date received local registrar) (Registrar's signature)

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?
Home
(Specify type of place)
 While at work? _____ (Specify type of place)
 23. Signature Praymer M.D. or other _____
 Address Praymer, Mo Date signed 4-18-44

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

1151

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 *Demond J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Braymer, 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.