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89  
56671

FILED JUN 7 1944  
Registration District No. 157

Primary Registration District No. 4218

State-File No. \_\_\_\_\_  
Registrar's No. 89

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Windsor, 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 years, months or days)

3. (a) PRINT FULL NAME Perry Voss Knoles  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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  
 7. Birth date of deceased January 10, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	28	_____ hr. _____ min.

9. Birthplace Lincoln, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

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

MOTHER FATHER

12. Name David Smith Knoles  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Ann Summers  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Knoles  
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof April 10, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston-Turner  
 (b) Address \_\_\_\_\_

19. (a) May 18, 1944 (b) Georgia Kitcher  
(Date required local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henry  
 (c) City or town Windsor  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_ 19 \_\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Bright's disease  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 13212

Duration \_\_\_\_\_  
 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) (2) Means of injury  
 23. Signature [Signature] M. D. or other) \_\_\_\_\_  
 Address [Signature] Date signed 5-11

2025 COMPILING BLACK INK - MAKE A PERMANENT RECORD

1064

244

RECEIVED

District Health Officer No. 7,  
District File Number 5-44-709  
Date Filed 6-6-44

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 Edw. M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.