V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

Registration District No. 69

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24385

Primary Registration District No. 4107

Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mans Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 (Specify whether
In this community: 6 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Hickory 43
(c) City or town: Hermitage
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country: //

3. (a) PRINT FULL NAME: Mary Jessie Knight
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm H Knight
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: April (Month) 15 (Day) 1879 (Year)

8. AGE: Years 65 Months 3 Days 8 If less than one day hr. min.

9. Birthplace: Polk County Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: Charles Bowen
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Barbara Robinson
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Wm H Knight
(b) Address: Hermitage, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Hermitage Mo
18. (a) Signature of funeral director: Luther Hathaway
(b) Address: Wheatland Mo
19. (a) 7/24/44 (Date received local registrar) (b) J. Unaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24 year 1944 hour 2 minute P M.
21. I hereby certify that I attended the deceased from June 26, 1944, to July 24, 1944, that I last saw him alive on July 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Ruptured abscess of bowel by urinary

Due to: a tight prostate

Other conditions (Include pregnancy within 3 months of death): Hemorrhoids - that I noted

Major findings:
Of operations:
Of autopsy: 5 & 1

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L. T. Dunsmore (M. D. or other)
Address: Eldorado Springs, Mo. Date signed 7/24/44

1146

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-961
Date Filed 6-14-44

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.