

FILED SEP 7 1944

Registration District No. 139

Primary Registration District No. 4776

State File No.

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Corning mo.
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Florence Hawkins 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 widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>9</u>	_____ hr. _____ min.

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

MOTHER FATHER

10. Usual occupation house wife

11. Industry or business _____

12. Name White Hawkins

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Will Kirk

(b) Address Corning mo

17. (a) burial (b) Date thereof Aug 23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery

18. (a) Signature of funeral director Burtan Funeral Home

(b) Address Rock Port mo

19. (a) 8-23-44 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Holt 74

(c) City or town Corning mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st
year 1944 hour 2:15 minute 2 M.

21. I hereby certify that I attended the deceased from not 1944 to Aug 1944
that I last saw her alive on Aug 19-44
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to hypertensive heart disease (arteriosclerosis)

Due to 127 1/2

Other conditions senility & anemia
(include pregnancy within 6 months of death)
Hypertrophic bilious sclerosis

Major findings: Of operations _____
Of autopsy Hypertrophic bilious sclerosis

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) (e) Means of injury _____

23. Signature F. H. Fields (M. D. or other) P.O.
Address Rock Port mo Date signed 8-21-44

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 Frank C. Browning
Licensed Embalmer No. 3338
P. O. Address Jarvis, 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.