S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31371

Registration District No. 229 | Primary Registration District No. 5809 | Registrar's No. 26

1. PLACE OF DEATH:
(a) County: MONTGOMERY
(b) City or town: NEW FLORENCE RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Danville Sun (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)
In this community: 82 yr 7 mo 24 Days

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

3. (a) PRINT FULL NAME: WILLIAM HENRY KNOX
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: Married
6. (b) Name of husband or wife: NELLIE BORDERD KNOX
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: JAN. 1-1862 (Month) (Day) (Year)

8. AGE: Years 82 | Months 7 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace: MONTGOMERY (City, town, or county) MO. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER 12. Name: DAVID FRANKLIN KNOX
13. Birthplace: MONTGOMERY COUNTY (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name: KATHERINE DEVAULT
15. Birthplace: MONTGOMERY COUNTY (City, town, or county) MO. (State or foreign country)
16. (a) Informant: Mrs. Wm. Knox
(b) Address: New Florence Mo
17. (a) NEW FLORENCE (Burial, cremation, or removal) (b) Date thereof: Aug 27 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: NEW FLORENCE CEMETARY
18. (a) Signature of funeral director: Jan Barlow
(b) Address: Montgomery City Mo
19. (a) Aug 26 1944 (Date received by local registrar) (b) Mrs. Elmer Lueffel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1944 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug 24, 1944 to Aug 25, 1944, that I last saw him alive on Aug 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis — Duration 1 day
Due to: Cerebral Hemorrhage — 2 days
Due to:
Other conditions (Include pregnancy within 3 months of death): 93A
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: James A. Helm (M. D. or other)
Address: New Florence Mo. Date signed: 8-26-44

1061 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-20-44

NOV 1 1 1952

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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City

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.