

**FILED MAY 16, 1945**  
Registration District No. **13**

Primary Registration District No. **547**

Registrar's No. **5**

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

**1. PLACE OF DEATH**  
 (a) County Dunklin  
 (b) City or town Rural Clay Supp  
(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 5 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Rural  
(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** Joe Knott  
**3. (b) If veteran,** name war no  
**3. (c) Social Security No.** None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month February day 27th  
 year 1945 hour 61 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** June 5  
1944 to Feb 27, 1945  
 that I last saw him alive on Feb 26, 1945  
 and that death occurred on the date and hour stated above.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Emma Knott  
**6. (c) Age of husband or wife if alive** 61 years  
**7. Birth date of deceased** August 11 1825  
(Month) (Day) (Year)

Immediate cause of death Bright's Disease  
 Due to Hypertension  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
13/K

**8. AGE:**  
 Years 69 Months 6 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Caleburn County Alabama  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Farming  
**11. Industry or business** \_\_\_\_\_  
**12. Name** Gaswell Knott  
**13. Birthplace** Don't know  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Martha Gardner  
**15. Birthplace** Don't know  
(City, town, or county) (State or foreign country)

**16. (a) Informant** J E Jordan  
**(b) Address** Star Route, Berensville, Mo  
**17. (a) Burial** Burial **(b) Date thereof** 3-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** St Johns, Stele, Mo  
**18. (a) Signature of funeral director** Hermon Jua Thom  
**(b) Address** Steele, Mo. Box 121  
**19. (a) 5-1-45** **(b) Luther B Perkins**  
(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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** Chapman (M. D. or other) \_\_\_\_\_  
 Address Steele, Mo Date signed 3/7/45

RECEIVED

District Health Office No. 2,

District File Number 575-697

Date Filed MAY 11 1945

**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 John W German

Licensed Embalmer No. 4355

P. O. Address Staley, 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.**