

FILED NOV 19 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town El Dorado Springs, 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 _____

3. (a) PRINT FULL NAME George A. Knight

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 Feb. 22 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 18 hr. _____ min.

9. Birthplace Newton Co. Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Rural Mail Carrier

11. Industry or business _____

MOTHER, FATHER { 12. Name John Knight
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth G. Nolan
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Garner

(b) Address P.S. El Dorado Springs, Mo.

17. (a) Buried (b) Date thereof Oct. 12, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Cemetery

18. (c) Signature of funeral director Tracy Caroleen

(b) Address El Dorado Springs, Mo.

19. (a) 10/10/45 (b) J. L. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1945 hour two minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 9
1943 to Oct 10, 1945
that I last saw him alive on Oct 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 940
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 2
23. Signature [Signature] (M. D. or other) DO
Address El Dorado Springs Date signed 10-10-45

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

JAN 7 1946

RECEIVED

District

Order No: 73

District File Number 10-43-1119

Date Filed

11-18-43

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.....



Licensed Embalmer No.....

2034

P. O. Address.....

Colorado Springs, 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.