

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

2398

FILED FEB 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 387

Primary Registration District No. 5207

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Hill Township (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home of Roy Sperry 10 Mile NW Tina
(If not in hospital or institution, write street number or location)

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

In this community Since 11th of November 1945
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Anness 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country XX

3. (a) PRINT FULL NAME Emma Knox

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day January
year 1946 hour 4:00 minute P. M.

4. Sex F / race W

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Buchanan Knox.

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased September 17 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Central Hospital, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 3 Days 18 - If less than one day _____ hr. _____ min.

Immediate cause of death Central Hemorrhage

Duration _____

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

10. Usual occupation Housewife.

11. Industry or business retired.

12. Name Molser Bongardner

13. Birthplace dont know

14. Maiden name dont know

15. Birthplace dont know

16. (a) Informant Mrs. Edith Sperry

(b) Address Dawn, Missouri.

17. (a) Burial (b) Date thereof Jan. 9th, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Viola Kansas

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina Missouri.

19. (a) Jan 8 46 (b) Mrs Roy Henderson
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings; Of operations _____

Of autopsy _____

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) (c) Means of injury

23. Signature Charles Rutt (M., D., or other) Coroner

Address Carroll Mo Date signed 1/2-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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.....
Clifford W. Austin
Clifford W. Austin,
Licensed Embalmer No. #3233
P. O. Address..... Tina, Missouri.

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.