S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8404

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town E. R. R. St. Mexico 0 (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)

If yes, name country

3. (a) PRINT FULL NAME Reuben (Alabama) Knox

3. (b) If veteran, name war World war II

3. (c) Social Security No. 134-03-3518

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Georgia Hawkins Knox

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

7. Birth date of deceased (Month) DK (Day) (Year)

8. AGE: Years about 35 Months Days If less than one day hr. min.

9. Birthplace Gasden, Alabama (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business A.P. Green Fire Brick Co.

FATHER
12. Name DK
13. Birthplace DK (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)

16. (a) Informant Georgia H. Knox

(b) Address Ottawa, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Arnold Jr

(b) Address Mexico, Mo.

19. (a) 2/20/1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 18th year 1946 hour 12 50 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ; that I last saw h alive on Case , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death by being struck on his head with a blunt instrument in the hands of Duration

Due to Lake Wilkerson, after an altercation between Lake Wilkerson and the deceased (Reuben Knox

Due to About 11 P.M. Feby. 16, 1946

Other conditions Jury + Coroner (Include pregnancy within 3 months of death)

Major findings:
Of operations 167

Of autopsy Fractured Skull, ribs, Congestion of Right Lung, bruises + Lacerations

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) Homicide

(b) Date of occurrence Feby 16-1946

(c) Where did injury occur? Mexico (City or town) Audrain (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lake Wilkerson home (Specify type of place)

While at work? No (e) Means of injury Ax

23. Signature S. C. Adams Coroner (M. D. or other) 2-19-46

Address Mexico, Mo. Date signed 2-19-46

9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 3-46-476
Date Filed MAR 15 1946

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 [signature]

Licensed Embalmer No. 3569

P. O. Address Mexico 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.