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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17057

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 83

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town ~~WEBB CITY~~ RURAL; MINERAL TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JASPER CO. TUBERCULOSIS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 DAYS (Specify whether
In this community 28 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ATCHISON 3

(c) City or town TARKIO 2
(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) 1

If yes, name country

3. (a) PRINT FULL NAME WILLIAM THOMPSON KNOX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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 JAN. (Month) 21 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	4	10	hr. min.

9. Birthplace ST. LOUIS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation GARDENER

11. Industry or business

FATHER
12. Name ALEX KNOX
13. Birthplace ? (City, town, or county) SCOTLAND 4 (State or foreign country)

MOTHER
14. Maiden name ELLEN JAMISON
15. Birthplace ? (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant RECORDS
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 1, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Webb City Und Co.
(b) Address Webb City, Mo.

19. (a) MAY 31; 46 (Date received local registrar) (b) [signature] (Registrar's signature)

137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1946 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from 5-18, 1946, to 5-31, 1946
that I last saw him alive on 5-31, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY TUBERCULOSIS	7 MON.
Due to	
Due to	
Other conditions ADDISON'S DISEASE (Include pregnancy within 3 months of death)	?

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 0

23. Signature D D Douglass (M. D. or other) M.D.
Address Box 390 WEBB City MO Date signed 5-31-46

(Licensed Embalmer's Statement on Reverse Side)

16-5-440

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.