

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17161
Registrar's No. 24

Registration District No. 172 Primary Registration District No. 4272

1. PLACE OF DEATH:
(a) County LAFAYETTE
(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 MISSOURI (b) County LAFAYETTE 54
(c) City or town Waverly
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES BENTON KNOCK
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 3
year 1946 hour 3 minute 30 PM

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

21. I hereby certify that I attended the deceased from 5-3, 1946 to 5-3, 1946
that I last saw him alive on 5-3, 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased MAY (Month) 3 (Day) 1946 (Year)
8. AGE: Years Months Days If less than one day
0 0 0 9 hr. 0 min.

Immediate cause of death
PREMATURE BIRTH AT ABOUT 8 MO PREGNANCY
Duration 9 HOURS

9. Birthplace Waverly MO (City, town, or county) (State or foreign country)
10. Usual occupation NONE

Due to NO OTHER CAUSE KNOWN
Due to _____

11. Industry or business _____
12. Name LLOYD RAY KNOCK
13. Birthplace Waverly MO (City, town, or county) (State or foreign country)
14. Maiden name LETHA RAY WARD
15. Birthplace SALISBURY MO (City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 159
Of operations _____
Of autopsy _____

16. (a) Informant LLOYD RAY KNOCK
(b) Address Waverly MO

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Waverly Cemetery

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? _____

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO
19. (a) May 4 - 1946 (Date received local registrar) (b) Clayton H. Lundrum (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Geo A. Tully (M. D. or other) _____
Address Waverly MO Date signed 5-4-46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-48

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.....

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

Signed E. S. James.....

Licensed Embalmer No. 2058.....

P. O. Address Crossfield 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.