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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

State File No. 24014

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 2914 Wall (If rural, give location) 5
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Thomas P. Knight
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 17 (Day), 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	3	20	hr. min.

9. Birthplace Brunswick (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Thos. P. Knight
13. Birthplace Brunswick (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Elya Brunner
15. Birthplace Brunswick (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Ila Grinstead
(b) Address 2914 Wall, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-10-46 (Date received local registrar) (b) Ed Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1946 hour 23 minute A M.
21. I hereby certify that I attended the deceased from May 27, 1946, to , 19 that I last saw him alive on June 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilitation Myocardial failure
Due to: Post surgical shock
Due to: Uremia Renal + Urinary Hadder calculi
Other conditions (Include pregnancy within 3 months of death) 954
Major findings: Of operations: 6 massive Stones in Urinary Hadder
Of autopsy: not done

Duration

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
23. Signature [signature] (M. D. ~~or other~~) 0
Address 519 Frisco Bldg Joplin Date signed 6-7-46

(Licensed Embalmer's Statement on Reverse Side)

138

46-6-537

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.