

FILED AUG 20 1946

Registration District No. 38

Primary Registration District No. 3006

State File No. 26258

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
104 Ripley St. 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)

3. (a) PRINT FULL NAME Susie Knight

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE / 5. Color or race White  
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 10 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Guthrie Mo 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name W.E. SNELL

13. Birthplace Guthrie Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name MARY LYONS

15. Birthplace Guthrie MO 11  
(City, town, or county) (State or foreign country)

16. (a) Informant PAUL SNELL SENEVEY

(b) Address Guthrie MO

17. (a) BURIAL (b) Date thereof Aug. 12 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DRY FORK, GUTHRIE

18. (a) Signature of funeral director Glenn Y. Maupin  
(b) Address 712 Cant Fulton, Mo.

19. (a) 8-13-46 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CALLAWAY 14  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Guthrie Mo  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11  
year 1946 hour 3 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8-9 1946 to 8-9 1946  
that I last saw her alive on 8-9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 3 da  
Duration \_\_\_\_\_

Due to no data

Due to X

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

Major findings: Of operations X (3 da)

Of autopsy X

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Williams M. D. or other) \_\_\_\_\_  
Address Columbia Mo Date signed 8-13-46

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

MOTHER {

Jan 9 1947

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-183  
Date Filed 8-19-46

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 Glen G. Mansin  
Licensed Embalmer No. 2725  
P. O. Address Fulton, Md.

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.