

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether)
In this community 45 Years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 639 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Robert J. Knight
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 22
year 1946 hour 5 minute 10a. M.

4. Sex Male. 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Anna Knight 6. (c) Age of husband or wife if alive LLNK years
7. Birth date of deceased Nov. 22; 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-25-1945 to 8-22-1946
that I last saw him alive on 8-21-1946
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 0 If less than one day
hr. _____ min. _____

Immediate cause of death Arteriosclerotic Heart Disease Duration 17mo.

9. Birthplace Bolton England ENGLAND
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Coal Dealer

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name John Knight

13. Birthplace UNK Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget McCormick

15. Birthplace UNK Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Elizabeth Knight

(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 8/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-24-46 (b) H.H. Lohmeyer
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature _____ (M. D. co-signer)
Address _____ Date signed 8/23/46

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

39
2
6

25696

39
2
6
0

MOTHER FATHER

111

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 *Walter E Hamilton*.....

Licensed Embalmer No. 3808.....

P. O. Address Springfield, 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.

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