No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37478

Registration District No. 155 Primary Registration District No. 3244 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 519 N. FOUNTAIN. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 55 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44

(c) City or town Carterville (If outside city or town limits, write "RURAL") 4

(d) Street No. 519 N. Fountain (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Orlando Bruce McKnight

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phebie W. McKnight

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec (Month) 13 (Day) 1865 (Year)

8. AGE: Years 81 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Do Waigie (City, town, or county) Mich (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name John J. McKnight
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Amy McConnell
15. Birthplace (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Mrs. Beatrice Hanks

(b) Address Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 24 (Day) 1946 (Year)

(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City, Mo

19. (a) NOV. 24, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-20, 1946 11-23, 1946 that I last saw him alive on 11-20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death METASTATIC CARCINOMA OF LUNG	
Due to PRIMARY CARCINOMA OF LIP	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

H5A

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 2

23. Signature [illegible] (M.D. or other) D.O.

Address CARTERVILLE MO Date signed 11/23/46

137 (Licensed Embalmer's Statement on Reverse Side)

46-11-942

JUL 15 1947

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 Harvey E. Arnce, Registered Apprentice No. 412, working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. 4204

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.