

FILED FEB 11, 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5704

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Wheeling  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 yrs years, months or days

3. (a) PRINT FULL NAME Nannie Bet 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 John R. Knight 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 31 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>29</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace: Mad Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

MOTHER FATHER { 12. Name Eli Kendall  
13. Birthplace Kentucky  
14. Maiden name Rebecca Van Meter  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lloyd Knight

(b) Address Wheeling, Mo.

17. (a) Burial (b) Date thereof 2/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Mo.

18. (a) Signature of funeral director Harold Jordan

(b) Address Chellicastle Mo.

19. (a) 1/31/47 (b) Mrs Bertha Boone  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Wheeling  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 22nd 1947 to Jan 30 1947  
that I last saw her alive on Jan 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of Gall Bladder  
Due to Gall stone

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 126

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 \_\_\_\_\_

23. Signature A. G. Bryan (M. D. or other) MD  
Address Wheeling, Mo Date signed 1/31/47

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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..... *Ronald F. Gordon* .....

Licensed Embalmer No. *4191* .....

P. O. Address..... *Phillips, 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.**