

FILED FEB 10 1947

Registration District No. 176

Primary Registration District No. 1308

Registrar's No. 2

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Noel  
(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 7 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Noel  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Chas McKnight

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 9 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 9 20 hr. min.

9. Birthplace Pennsville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Eli McKnight

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Margaret Smith

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

16. (a) Informant Lewis Williams

(b) Address Noel MO

17. (a) Burial (b) Date thereof Jan. 30 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Noel Cemetery

18. (a) Signature of funeral director ERP yeast

(b) Address Siloam Springs, Ark

19. (a) Feb. 1, 47 (b) Pearl Stauber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 5 hour \_\_\_\_\_ minute 9 P. M.

21. I hereby certify that I attended the deceased from Dec 15 1946 to Jan 29 1947 and that death occurred on the date and hour stated above.

that I last saw him alive on Jan 29 1947

Immediate cause of death Myocardial infarction Duration 2 days

Due to chronic myocarditis 10 yrs

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 950

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 D

23. Signature W.D. Fountain (M. D. or other) D

Address Noel MO Date signed Jan 30

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 247-186

Date Filed FEB 6 1947

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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..... *E R Pyentl* .....

Licensed Embalmer No. 3211

P. O. Address Silsen Springs S. Arl

**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.