

5. No. 2
1-17/47
5-17-39

FILED - AUG 6, 1947
Registration District No. 27

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: At Home 300 S Third St
(d) Length of stay: In hospital or institution 69 50 years
In this community 69 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton
(d) Street No. 500 8 Third St 2
(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME CLYDE, N. KNOWLES.
3. (b) If veteran, name war _____
3. (c) Social Security No. 493-22-5896

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 27 year 1947 hour 4 minute A M.
21. I hereby certify that I attended the deceased from 7-26 1947 to 7-27 1947 that I last saw him alive on 7-26 1947 and that death occurred on the date and hour stated above. Duration
Immediate cause of death myocarditis ?

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Faye Knowles
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 4 1878

8. AGE: Years 69 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Henry Co Mo

10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Milton B. Knapp
13. Birthplace Ill
14. Maiden name Hattie Hutcheson
15. Birthplace Ill

16. (a) Informant Buelah McFarland
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-29-1947
(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Emanuel T. Peck
(b) Address Clinton Mo

19. (a) 7-28-47 (b) R.R. Kennedy
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations ABE
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature H. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 7-28-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 7-47-895
Date Filed 8-5-47

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 R. R. Kerney.

Licensed Embalmer No. 3099

P. O. Address Clinton 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.