

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
1 X38871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30504**  
Registrar's No. **316**

**FILED SEP 18 1947**

Registration District No. **48**

Primary Registration District No. **3007**

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

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** George W. Knoll

**3. (b) If veteran,** name war Spanish American **3. (c) Social Security No.** 488-18-2352

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

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

**7. Birth date of deceased** June 2 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	2	22	hr. _____ min.

**9. Birthplace** Reading Penn.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Lumberman

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

**MOTHER FATHER**

**12. Name** William D. Knoll

**13. Birthplace** Mohnton Penn.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Lary E. Mell

**15. Birthplace** Mohnton Penn.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Geo. Knoll

**(b) Address** Poplar Bluff, Mo.

**17. (a) Burial** **(b) Date thereof** 8-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Poplar Bluff, Mo. City

**18. (a) Signature of funeral director** Frank Cotter

**(b) Address** Poplar Bluff Mo.

**19. (a) 8-30-47** **(b) R. D. Venable**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. 412 North Fifth St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Aug. day 24  
year 47 hour 11 minute A. M.

**21. I hereby certify that I attended the deceased from** August 22nd 1947, to August 24th 1947;  
that I last saw him alive on August 24 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Hypertensive Heart Disease

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

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**93A**

**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? \_\_\_\_\_

**23. Signature** J. W. McPheters **(M. D. or other)** Med.

**Address** Poplar Bluff, Mo. **Date signed** 8-26-47

Duration \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 947-1127

Date Filed 9-9-47

SEP 18 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed George Green

Licensed Embalmer No. 2964

P. O. Address Joplin, 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.