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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1947

Registration District No. 101

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37584

Primary Registration District No. 4173

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alice E. Knowles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Walter Knowles

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 30, 1892 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Cranberry, Penn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Huff
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Knowles
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Gentry

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) Nov. 12-47 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1947 hour minute A. M.

21. I hereby certify that I attended the deceased from 16 Oct, 1947 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound thru upper left breast

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 16 4C
Of autopsy

Duration

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) Suicide
(b) Date of occurrence Oct 16, 1947
(c) Where did injury occur? Ava, Douglas, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Shot gun

23. Signature Dr. R. A. Shannon (M.D. or other) D.O.
Address Ava, Mo. Date signed Nov 4, 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1147-1199
Date Filed 11-24-47

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.