

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County... **Greene**  
(b) City or town... **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital... **Feldner Rest Home**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution... **7 Years 4** (Specify whether)  
In this community... **13 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Greene**  
(c) City or town... **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No... **847 N. Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **D**  
If yes, name country

3. (a) PRINT FULL NAME **Bessie Knotts**

3. (b) If veteran, name war... **No** 3. (c) Social Security No. **No**

4. Sex... **Female** 5. Color or race... **White** 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... **June 17 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 5 4** hr. min.

9. Birthplace... **Sullivan Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation... **Home**

11. Industry or business

MOTHER FATHER  
12. Name... **Robert F. Knotts**  
13. Birthplace... **Louisville Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name... **Elizabeth Dodds Indiana**  
15. Birthplace... **New Lebanon**  
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs. Sam Eslinger**  
(b) Address... **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof... **11-23-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... **Hazelwood**

18. (a) Signature of funeral director... **H.H. Lohmeyer**  
(b) Address... **Springfield, Mo.**

19. (a) **11-22-47** (b) **W.E. Handley MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **21**  
year **1947** hour **11** minute **30a.** M.

21. I hereby certify that I attended the deceased from **1936**  
to **Nov 21** 1947  
that I last saw him alive on **Nov 22** 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... **Heart failure**  
Due to... **Senility**

Other conditions... **Arteritic deformans**  
(Include pregnancy within 3 months of death)  
Major findings: Of operations... **59 P**  
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? (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... **Dr. H. Silsby** (M. D. or other)  
Address... **Springfield Mo** Date signed **11/22/47**

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

**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 Roy H. Mercer Jr.  
Licensed Embalmer No. 4432  
P. O. Address SpRINGFIELD, 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.