

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5865**

FILED FEB 19 1948
295

Registration District No. 295 Primary Registration District No. 6013 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clifton Hill Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bural Route Number 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. Rural Route # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Willard M. Knight

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased Dec 27 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1948 hour 9 minute 0 P.M.

21. I hereby certify that I attended the deceased from 10-18, 1947, to 2-9, 1948
that I last saw him alive on 2-9, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 1 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death myocarditis Duration 3 yrs.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Randolph County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy 97D

MOTHER FATHER

11. Industry or business _____

12. Name Gentry L. Knight

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

14. Maiden name Mary Jane Graham

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

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? _____

16. (a) Informant Mrs. Margaret Thomas

(b) Address R.F.D. Clifton Hill, Mo.

17. (a) Bural (b) Date thereof 2-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill Cemetery

23. Signature A. Noel Rain (M. D. or other) D.O.
Address Clifton Hill, Mo. Date signed 2-10-48

While at work? _____ (Specify type of place) _____
(c) Means of injury 21

18. (a) Signature of funeral director Geo. B. Dunbar

(b) Address Salisbury, Mo.

19. (a) 2/13/48 (b) Mrs. W. A. Barnhart
(Date received by registrar) (Registrar's signature)

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

88
00
00

Proposed Miss B.A. Baird
Health Officer

RECEIVED
District Health Officer No. 10
District File Number 2-42-343
Date Filed FEB 17 1948

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

Chas W. Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, 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.