U. S. No. 2
OM—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9031

Registration District No. 157 — Primary Registration District No. 3028 — Registrar's No. 64

49 1 3

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)

In this community: 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

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

(d) Street No.: 621 W. Galena St. (If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country: -----

3. (a) PRINT FULL NAME: IVY MYRTLE KNIGHT

3. (b) If veteran, name war: none

3. (c) Social Security No.: none 2

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Fred Knight

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

7. Birth date of deceased: September (Month) 24 (Day) 1881 (Year)

8. AGE: Years 66 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace: Jasper County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: retired housewife

11. Industry or business: at home

FATHER
12. Name: Burke Johnson
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name: unknown Buttrick
15. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant: Mr. H. L. Knight
(b) Address: 321 N. McGregor, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Mar 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudman Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.

19. (a) MAR 17-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 3-4-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 7 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan 25, 1948, to March 14, 1948, that I last saw her alive on March 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Flu + Cold	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: B	
Of autopsy: B	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: [illegible] (M. D. or other)

Address: Carthage Date signed 3-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

48-2-177

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 Emm R Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.