No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12167
Registrar's No. 375

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 or institution Burge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 N. Robberson 6
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Sumner Knight
3. (b) If veteran, name war none
3. (c) Social Security No. 491-05-2629
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucinda Knight
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March (Month) 14, (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
71	1	18	hr. min.

9. Birthplace unknown (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Charles P. Knight
13. Birthplace unknown (City, town, or county) Wisconsin (State or foreign country)
MOTHER
14. Maiden name Attie Morse
15. Birthplace unknown (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Sumner L. Knight
(b) Address 1416 Texas, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Fordland, Missouri
18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Missouri
19. (c) 5-5-48 (Date received local registrar) (b) W. E. Handley MD III (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1948 hour 6:30 A.M. minute M.
21. I hereby certify that I attended the deceased from 4-29-48 19 to 5-3-48 19 ; that I last saw him alive on 5-3-48 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac insufficiency	5 days
Due to Mitral Stenosis	years ?
Due to	
Other conditions Lues III Hypertension ? (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — 30 G

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
23. Signature M. L. Benton M.D. (M. D. or other)
Address Med Arts Spgfd Mo Date signed 5-4-48

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

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 Ralph H. Thieme

Licensed Embalmer No. 2899

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.