S. No. 2
DM—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15471

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 598

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town ST Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 ½ hrs 10m (Specify whether
In this community 8 ½ hrs 10 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town ST Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 Olive St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Winston Knox
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
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 May (Month) 24 (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	8 hr. 10 min.

9. Birthplace ST Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Harold Edmund Knox
13. Birthplace Eureka (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Laura Louise Allman
15. Birthplace Greenville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant father Harold Knox
(b) Address 1306 Olive St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) June 1, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 4 minute 50 AM.
21. I hereby certify that I attended the deceased from May 25, 1948, to May 25, 1948; that I last saw him alive on May 25 + 48, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death prematurity - 6½ mos.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)
(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 J. T. Sharettino (M. D. or other) MD
Address Doctors Bldg St. Joseph, Mo. Date signed 5/27-48

(Licensed Embalmer's Statement on Reverse Side)

1302 Sanders.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, 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.