FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 1 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18606

Primary Registration District No. 3003

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County: Barry

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

(c) Name of hospital or institution: 803 Central (If not in hospital or institution, write street number or location)

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

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

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

(d) Street No.: Verona Mo (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Mary Knecht

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: F

5. Color or race: w

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

6. (b) Name of husband or wife: Sam Knecht

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: Oct 6 (Month) (Day) 1872 (Year)

8. AGE: Years 75 Months 8 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER

12. Name: Frank Riedl

13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER

14. Maiden name: Mary Tuppurund

15. Birthplace: Michigan (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Katherine Hodgson

(b) Address: Verona Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Sacred Heart Cemetery

18. (a) Signature of funeral director: Oscar Marshall

(b) Address: Verona Mo

19. (a) 6-9-1948 (Date received by local registrar) (b) W. M. West (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from May 29 1948 to June 7 1948 that I last saw her alive on June 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion c̄ Rt Heart Failure — Duration: May 29, 48

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: none
Of autopsy: none

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)

(e) Means of injury: ____

23. Signature: Robert W. Dudley (M. D. or other) MD

Address: Monett Mo Date signed: Jan 9 '48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 648-743
Date Filed JUN 29 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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora Mx

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.