

FILED JUN 24 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
415 N. Engineer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 415 N. Engineer
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

L. W. A. MAY KNOX
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles Knox 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan - 5 - 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 9 hr. _____ min.

9. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pilla Cramer

(b) Address 415 N. Engineer

17. (a) Burial (b) Date thereof 6-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director M. Laughlin

(b) Address Sedalia, Mo.

19. (a) 6-16-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 12 to June 14 1948
that I last saw him alive on June 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration _____
Due to Myocardial Infarction

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations g40
Of autopsy _____

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? 0

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul Suwelly (M. D.)
Address Sedalia, Mo. Date signed 6/14/48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-23-48

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

K.P. M. Crary

Licensed Embalmer No.

3153

P. O. Address

Sedalia, 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.