DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1948

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22080

Primary Registration District No. 3003

Registrar's No. 48

1. PLACE OF DEATH:

(a) County: Barry

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

(c) Name of hospital or institution: St. Vincent Hospital
(If not in hospital or institution, write street number or location)

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

In this community: Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 206 -9th. Street
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Robert Lee Knott

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Myrtle D. Knott

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: December (Month) 13 (Day) 1889 (Year)

8. AGE: Years 58 | Months 6 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: Billings, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: 206 9th. Street, Monett

11. Industry or business: Insurance Salesman

FATHER
12. Name: Jefferson Knott
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Letha Alice Hendrix
15. Birthplace: Billings (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Myrtle D. Knott

(b) Address: 206-9th. Street, Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Spring River Cemetery

18. (a) Signature of funeral director: Bennett-Wormington

(b) Address: Monett, Missouri

19. (a) 6-22-48 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 11:201 minute A. M.

21. I hereby certify that I attended the deceased from 6/20/48, 19__, to 6/20, 1948 that I last saw him alive on 6/20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gun Shot Wound of brain	3 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): No	

Major findings:
Of operations:

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): Suicide

(b) Date of occurrence: 6/20/48

Where did injury occur? Monett (City or town) Barry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury: Gun Shot

23. Signature: Frank Ken M.D. (M.D. or other)

Address: Monett Mo Date signed: 6/22/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED
District Health Officer No. 6,
District File Number 748-787
Date Filed JUL 15

AUG 30 1948

JUL 19 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 George E. Bennett, Registered Apprentice No. 220 working under my personal supervision.

Signed Gordon R. Bennett

Licensed Embalmer No. 4213

P. O. Address Monett Missou

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

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