

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39874**

BUREAU OF THE CENSUS  
**FILED DEC 29 1948**  
**128**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5466**

Registrar's No. **1109**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Rural - South Campbell Twp.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **OZARK OSTEOPATHIC HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)

In this community **2 days**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dallas**

(c) City or town **Buffalo**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Ann Knutz**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21**  
year **1948** hour **8:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 19, 1948** to **Dec, 21, 1948**  
that I last saw her alive on **Dec 21, 1948**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Andrew Knutz**

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

7. Birth date of deceased **Aug 18 - 1891**  
(Month) (Day) (Year)

Immediate cause of death **Respiratory failure** Duration \_\_\_\_\_

8. AGE: Years **77** Months **3** Days **3**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Cerebral Leukorrhage**

9. Birthplace **W. Va.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings: Of operations **None**

Of autopsy **None**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Oliver**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Scott**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Leona Knowland**

(b) Address **1133 S. Elgin, Tulsa, Okla.**

17. (a) **Burial** (b) Date thereof **12-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **None, well**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Montgomery Vaughan**

(b) Address **Buffalo, Mo**

19. (a) **12-23-48** (b) **W. J. Handley**  
(Date received local registrar) (Registrar's signature)

While at work? **No** (Specify type of Lore) \_\_\_\_\_

(c) Mosaic of injury **2**

23. Signature **W. C. Michael** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo** Date signed **12/24/48**

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

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**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 *Blyde Montgomery*  
Licensed Embalmer No. *3592*  
P. O. Address *Buffalo, 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.**