No. 300
10.48

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1088

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5507 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DAVIS TWP
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Glenn Knaus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irish
d. STREET ADDRESS (If rural, give location): north main st

3. NAME OF DECEASED (Type or Print): a. (First) LEONA b. (Middle) c. (Last) KNAUS

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 49

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 11 1874

9. AGE (If over 1 year last birthday): 74 | IF UNDER 1 YEAR Months: 9 Days: 19 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Cooper Co Mo 0

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Henry Knaus

13b. MOTHER'S MAIDEN NAME: Jennette Seaton

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Glenn Knaus | ADDRESS: Clinton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	coronary occlusion	10 MIN.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocarditis	3 MO.
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Dec. 1948, *to* 30 Jan. 1949, *that I last saw the deceased alive on* 30 Jan. 1949, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh B. Wallser, MD

23b. ADDRESS: Clinton, Mo.

23c. DATE SIGNED: 1 Feb. 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 2-49

24c. NAME OF CEMETERY OR CREMATORY: Irish Cem

24d. LOCATION (City, town, or county) (State): Irish mo

DATE REC'D BY LOCAL REG.: Feb-1-49

REGISTRAR'S SIGNATURE: R R Kenney

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W J Brown Irish mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-49-32
Date Filed 2-7-49

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. E. Lonsdale

Licensed Embalmer No. 1891

P. O. Address Clinton, M

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.