

STANDARD CERTIFICATE OF DEATH

State File No.

1117

National Office of Vital Statistics
FILED JAN 24 1949

Registration District No. 140

Primary Registration District No. 5549

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
in this community All her life years, months or days)

3: (a) PRINT FULL NAME Lucy Gochey Kneuvan

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 Married

6. (b) Name of husband or ~~widow~~ Tony Kneuvan

6. (c) Age of husband or ~~widow~~ 62 years

7. Birth date of deceased June 17, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name David Gochey

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

14. Maiden name Sarah Frances Burreis

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

16. (a) Informant Tony Kneuvan

(b) Address R.R. 3 Fayette, Mo.

17. (a) Burial (b) Date thereof 1/7/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 1-8-1949 (b) Dorothy Ann DeJoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1949 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from

Jan 5 1949 to Jan 5 1949
that I last saw her live on
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Embolus 1 hr.

Due to Chr. Myocarditis
& Chr. Atherosclerosis 3 yr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

23. Signature W. B. Bloom (M. D. or other) County
Address Fayette Mo Date 1-8-49

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

1-21-49

JAN 25 1949

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

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Jayette 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.