FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 745

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5449 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lyon
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beaufort R#R

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lyon 0360
d. STREET ADDRESS (If rural, give location): Beaufort Mo R#R

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): F.
c. (Last): Knehans

4. DATE OF DEATH (Month) (Day) (Year): Jan 16 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Feb 21 1892
9. AGE (In years last birthday): 57 — If under 1 year: Months 10 Days 25 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Beaufort Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry W Knehans
13b. MOTHER'S MAIDEN NAME: Elizabeth Borgmann
14. NAME OF HUSBAND OR WIFE: ___

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ___ (If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Arthur Knehans — ADDRESS: Beaufort 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

334X

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* Nov., 19 49 *to* 1-16, 19 50, *that I last saw the deceased alive on* 1-18, 19 50 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G L Matthews MD
23b. ADDRESS: Beaufort Mo
23c. DATE SIGNED: 1-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 19 1950
24c. NAME OF CEMETERY OR CREMATORY: St Johns Luth Cemt
24d. LOCATION (City, town, or county) (State): Beaufort Mo

DATE REC'D BY LOCAL REG.: 1-17-50
REGISTRAR'S SIGNATURE: G L Matthews
25. FUNERAL DIRECTOR'S SIGNATURE: E H Lemme — ADDRESS: Beaufort Mo.

(Licensed Embalmer's Statement on Reverse Side)

(50)

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

FEB 23 1950

RECEIVED 1950
District Health Officer No. 9,
District File Number

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 E H Temme, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed E H Temme

Licensed Embalmer No. 3076

P. O. Address Beaufort M

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

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