

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38830

0080 /

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. 5104 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Benton Rural</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton RR # 2 70m</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 8008</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>					
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Walter</u> c. (Last) <u>KNAUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 23, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI D</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Walter Knaus</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Knaus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Knaus Clinton Rt 2, Mo</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES DUE TO (b) <u>Heart Block</u> DUE TO (c) <u>CHRONIC MYOCARDIAL DECOMPENSATION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u> <u>3 Days.</u> <u>over 3 wks.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>17 Feb</u> , 1950, to <u>8 March</u> , 1950, that I last saw the deceased alive on <u>5 March</u> , 1950, and that death occurred at <u>8:30 A.</u> m., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) <u>David Glenn D. M.D.</u>			22b. ADDRESS <u>WARSAW, Mo</u>		22c. DATE SIGNED <u>8 March 1950</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Mar 10, 1950</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 10 1950</u>	REGISTRAR'S SIGNATURE <u>Jas A Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F Reed</u>		ADDRESS <u>Warsaw</u>

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

MAR 28 1950

RECEIVED

District Health Officer No. 71

District File Number 2-50-197

Date Filed 3-13-50

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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.