

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Near New Hope, Mo.	
c. LENGTH OF STAY (If in institution) 2 months		d. STREET ADDRESS (If rural, give location) Dent County	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) B. c. (Last) Kneeven
4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1951

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH March 19, 1890 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) Glandorf Ohio / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME August Knaeven 13b. MOTHER'S MAIDEN NAME Arena Kottenbrock 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Columbus Kneeven, Salem, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Pneumonia*
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) *Senility Parkinson's Disease*

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 492X 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) 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 *Sept 11, 1951*, to *Sept 29, 1951*, that I last saw the deceased alive on *Sept 29, 1951* and that death occurred at *3:30 a* m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) *Joseph R. Summit, D.D.* 23b. ADDRESS *Salem Mo* 23c. DATE SIGNED *10/1/51*

24a. FUNERAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *Oct. 7, 51* 24c. NAME OF CEMETERY OR CREMATORY *Portageville Cem.* 24d. LOCATION (City, town, or county) (State) *Portageville, Mo.*

DATE REC'D BY LOCAL REG. *10-6-51* REGISTRAR'S SIGNATURE *M. M. Hart, M.D.* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Hobson & Grantham, Salem, Mo.*

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

6331

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marshall E. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Salem, 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.