S. No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44333

FILED MAY 13 1952

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 12-

0890

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

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orrick Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Travis A. F. B. 8040
d. STREET ADDRESS (If rural, give location): 8

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

4. DATE OF DEATH (Month) (Day) (Year): Oct 27-51

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Nov. 30, 1931
9. AGE (In years last birthday): 19 — If under 1 year: Months 14 Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S.A.F.
11. BIRTHPLACE (State or foreign country): Lebanon, Delaware 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Edward Knight
13b. MOTHER'S MAIDEN NAME: Elizabeth Wilicuts Knight
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): AF13352823
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Dr. Brown R.C. Brown 1/Lt USAF (MC) — ADDRESS: Kansas City Kan.

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) Drowning.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body found in Ray Co, Mo
DUE TO (c) about 6 P.M. May 7, 1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9298

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 42
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.): Wyandotte Co Kansas
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 415 K.C. Kansas Kan.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 27-52 51 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Plane went down in River

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Baber Coroner
23b. ADDRESS: Richmond Mo
23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 52
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county) (State): Unknown

DATE REC'D BY LOCAL REG.: 5-9-52
REGISTRAR'S SIGNATURE: Helen J. Larkin 272
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Good — ADDRESS: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Self working under my personal supervision.

Student Embalmer No. .....

Signed Victor E. Iminger

Signed.....
Student Embalmer

Licensed Embalmer No. 2896

P. O. Address Liberty 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.

State of Mo } ss.
County of Ray }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 44333
Local Registrar's No. 12

On this 14th day of May, 1952, before me appears Carl Knight, who, upon oath, states that the original record of ~~birth~~ death for died ~~born~~ Oct. 27, 1951, in the State of Missouri, and which was filed at Orrick Mo. on May 9, 1952, should be corrected as follows:

Item No. 1b should read - Orrick Township
~~Instead of~~ Primary Registration District - 6019 -

Item No. ..... should read .....
Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helen J. Larkin
Relationship. Registrar
Present Address.

Subscribed and sworn to before me this ..... day of ....., 194.....

My Commission expires ..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
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