S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1952

State File No. 833

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 542 (9) Registrar's No. 3

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

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): Leslie Mo 1360
d. STREET ADDRESS (If rural, give location): 3

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

4. DATE OF DEATH (Month) (Day) (Year): Jan 9 1952.

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M. 1

8. DATE OF BIRTH: Jan 15 1882

9. AGE (In years last birthday): 69 | If under 1 year: Months 11 Days 24 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Rail Road

10b. KIND OF BUSINESS OR INDUSTRY: Worker.

11. BIRTHPLACE (State or foreign country): Leslie Mo R/R

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Knehans

13b. MOTHER'S MAIDEN NAME: Philamina Birkmann

14. NAME OF ~~HUSBAND OR~~ WIFE: Amanda Knehans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Amanda Knehans Leslie Mo

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) C decompensation
DUE TO (c)

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

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4222

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* July *195*1*, to* Jan 9*, 19*52*, that I last saw the deceased alive on* Jan 8*, 19*52*, and that death occurred at* 7:35 A*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas A Sohn M.D.

23b. ADDRESS: Gerald

23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Leslie M. E.

24d. LOCATION (City, town, or county) (State): Leslie Mo.

DATE REC'D BY LOCAL REG.: 1-18-52

REGISTRAR'S SIGNATURE: G L Matthews

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E H Lemme Beaufort Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 21 1952

JUL 31 1958

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 Jemme, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed E H Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.