

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo. (b) County Henry
 (c) City or town S Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. 611 S. Main St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days
3. (a) PRINT FULL NAME JOHN SEATON KNAUS
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22nd
 year 1940 hour 11 minute 00 P. M.

4. Sex Male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie **6. (c) Age of husband or wife if** _____
 alive 76 years
7. Birth date of deceased Dec 18 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2, 1940 to Feb 22, 1940
 that I last saw him alive on Feb 22, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic myocarditis Duration unknown

8. AGE: Years 80 Months 2 Days 4
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Cooper Co mo
(City, town, or county) (State or foreign country)

Other conditions Hemiplegia due to cerebral hemorrhage Left eye
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer
11. Industry or business _____
MOTHER FATHER
12. Name Henry KNAUS
13. Birthplace HOWARD CO mo
(City, town, or county) (State or foreign country)
14. Maiden name Ermest SEATON
15. Birthplace Jenn
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mr Glen Knaus
(b) Address Clinton mo
17. (a) Burial Englewood **(b) Date thereof** 2-24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director J. G. Conacher
(b) Address Clinton mo
19. (a) 2-24-40 **(b) Dr. J. R. Hampton**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 310
(Specify type of place) (e) Means of injury
23. Signature S. B. Hughes (M. D. or other)
Address Clinton mo. **Date signed** Feb 23 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Rev. 5-17-39
U. S. G. P. 16-10811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7-394
District File Number 3-5-46-12
Date Filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.