

Registration District No. 137

Primary Registration District No. 4215

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Brownington Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Henry
(c) City or town Brownington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. Arthur L. Knisely

3. (b) If veteran, yes name war World War #1
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Marchie A. Knisely 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 18 - 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 24
If less than one day: hr. _____ min. _____

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business _____

MOTHER FATHER

12. Name Levis Knisely

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name METREVA Knisely

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Marchie A. Knisely

(b) Address Brownington Mo

17. (a) Burial (b) Date thereof 10-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Tom Hurd

(b) Address Depue Mo

19. (a) Oct 14 1942 (b) Georgia Kitchen
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Death on arrival 19____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Overdose of strychnine tonic by mistake taken
Due to about 12 P.M. on 10/12/42
and he died in a convulsive
Due to seizure.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident taking
(b) Date of occurrence 10/12/42 Overdose of tablets
(c) Where did injury occur Brownington Henry Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
house.
While at work? no (Specify type of place) Means of injury strychnine
23. Signature: Dr. P. D. Hallingwood M.D. or D.O. over
Address Clinton Mo. Date signed 10/12/42

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

42
0
0

OCT 29 1942

RECEIVED

District Health Officer No. 7

District File Number 10-42-1131

Date Filed 10-28-42

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 *Tom Hurst*

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.