

Registration District No. 137 Primary Registration District No. 3023 State File No. Registrar's No. 232

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton Mo  
(c) Name of hospital or institution Clinton General Hosp  
(d) Length of stay: In hospital or institution 3 day  
In this community all life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(d) Street No. 706 E Ohio  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME OLIVER WARREN KNISELY  
(b) If veteran name war No  
(c) Social Security No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec 19 year 1943 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced, mar  
6. (b) Name of husband or wife Emma  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Mar 13 1871

21. I hereby certify that I attended the deceased from Dec 17 1943 to Dec 19 1943 that I last saw him alive on Dec 19 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 6

Immediate cause of death Hypostatic Pneumonia 2 da.  
Due to

9. Birthplace Henry Co Mo  
10. Usual occupation merchant

Other conditions Chronic hepatitis chronic (Wch)  
Major findings Of operations 1318

MOTHER FATHER  
11. Industry or business  
12. Name Lewis Kniseley  
13. Birthplace Ohio  
14. Maiden name Mervia Kniseley  
15. Birthplace Ohio

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. L. W. Kniseley  
(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 12-22-43  
(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director Consalvo + Peck  
(b) Address Clinton Mo  
19. (a) Dec 22 1943 (b) Georgia Ritcher

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Dr. R. S. Hattaway M.D. or other  
Address Clinton Mo Date signed 12/29/43

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

RECEIVED

District Health Officer No. 7,

San Francisco, 12-43-1442-

Dec 1-6-44

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 *J. E. Gonzalez*

Licensed Embalmer No. *1891*

P. O. Address *Clinton 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.