

FILED NOV 19 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
r years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Rural Brownington 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT

FULL NAME U. R. I. A. S. E. KNISLEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10  
year 1944 hour 2:15 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
1944 to Oct 10, 1944  
that I last saw him alive on Oct 9  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar pneumonia Duration \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary E. Knisley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crawford Co Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Levi Knisley  
13. Birthplace Crawford Co Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Marguerite Knigley  
15. Birthplace Crawford Co Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Mary E. Knisley  
(b) Address Clinton Mo  
17. (a) Buried (b) Date thereof 10-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT Zion

18. (a) Signature of funeral director Consalust Peak  
(b) Address Clinton Mo  
19. (a) October 11 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

Due to apoplexy  
Due to nephritis chronic  
Other conditions sanitary  
(Include pregnancy within 3 months of death)  
Major findings: arteriosclerosis  
Of operations \_\_\_\_\_  
Of autopsy 108

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

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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Geo S. [unclear] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 10/10/44

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

MOTHER FATHER

RECEIVED

Director of Health Officer No. 7,

Licenses File Number 10-44-1213

Date Filed 11-8-44

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**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 R. A. Kenney

Licensed Embalmer No. 3099

P. O. Address Clenton ms

**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.**