

BUREAU OF THE CENSUS  
**FILED AUG 1 1946 STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 157

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: Clinton General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural P.R. # 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frances Bernice Knight

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Paul J. Knight 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased April 30 - 1924  
(Month) (Day) (Year)

8. AGE: 

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>23</u> | <u>3</u> | <u>29</u> | hr. min.             |

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name Raymond Robinson  
13. Birthplace Benton Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wickham  
15. Birthplace Benton Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Robinson  
(b) Address Windsor Mo R.R. # 2

17. (a) Burial (b) Date thereof 7-30-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director Caralust Peck  
(b) Address Clinton Mo

19. (a) 7-30-46 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1946 hour 4 minute 30 P. M.

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

Immediate cause of death Deceased was in a car accident and died as a result of injuries to the spine. Had broken neck, fractured shoulder, fractured ribs. Death apparently due to broken neck.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

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

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  
(b) Date of occurrence 7/28/46  
(c) Where did injury occur? Highway Henry Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place/in public place?  
on hi-way M.  
While at work? no (Specify type of place)  
(e) Means of injury car accident  
Signature R. R. Kenney (M. D. or other)  
Address Clinton Mo Date signed 7/29/46

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

RECEIVED

CL.

under Act 78

7-46-78-2

Date Filed

8-5-46

**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. R. Kenney*

Licensed Embalmer No.....

*3099*

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.**

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry Clinton  
(b) City or town Henry 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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Francis B. Knight

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 30 (Month) (Day) (Year)

8. AGE: Years 22 Months 2 Days 2 (Unless than one day) hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28  
year 1946 the \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Accident

(b) Date of occurrence July 28, 1946

(c) Where did injury occur? Public road (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Quarter auto

While at work \_\_\_\_\_ (Specify type of place) (e) Means of transportation Auto

23. Signature \_\_\_\_\_ (M. D. or other)

Address Clinton Mo. Date signed 8/27/46

SUPPLEMENTARY

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

22272

23416