

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

Registration District No. 127

Primary Registration District No. 4214

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 615 East Jackson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 615 East Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Leslie Knoles

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Bertha E. Knoles 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 1 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 14 hr. min.

9. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Railroad Section (Retired)

MOTHER FATHER

11. Industry or business _____
12. Name David Smith Knoles
13. Birthplace Pickway County Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ann Summers
15. Birthplace Pickway County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luther L. Knoles
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner
(b) Address Windsor, Mo

19. (a) 1-19-48 (b) R. B. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month January day 15
year 1948 hour 3 minute 15 a. m.

21. I hereby certify that I attended the deceased from May 2 1947 to Jan. 15 1948
that I last saw him alive on Jan. 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the face Duration 3 yrs.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 53

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause of 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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 0
23. Signature J. A. Black (D. or other) _____
Address Windsor, Mo. Date signed 1-16-48

FEB 18 1948

RECEIVED
District Health Officer No. 7,
District File Number 13-47-3069
Date Filed 1-26-48

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 _____

William M. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed E. M. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mich.

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.