

**FILED JUN 9 1948**  
Registration District No. **5503**

Primary Registration District No. **5503**

Registrar's No. **117**

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

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Rural, Bethlehem**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**(at home) 5 mi. S on 35-1 mi. N. & 1/2 mi. E**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **60 yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Henry**  
(c) City or town **5 mi. E on 35-1 mi. N. & 1/2 mi. E**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural, Clinton**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Abbie Catharine Knoles**  
3. (b) If veteran, name war **—**  
3. (c) Social Security No. **—**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **6** day **1**  
year **1948** hour **7** minute **52AM**

4. Sex **Fe** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Otto C. Knoles**  
6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **Jan. 11 1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **May 30**, 19**48**  
that I last saw her alive on **May 30**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Parasomniac syndrome** **3 1/2 yrs.**  
Due to **Myocarditis - Chronic** **1 yr.**

8. AGE: Years Months Days If less than one day  
**72** **0** **30** hr. min.

Duration  
Other conditions (Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **no**

9. Birthplace **St. Louis Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
11. Industry or business \_\_\_\_\_  
12. Name **W. C. Decker**  
13. Birthplace **Mo. U.S.**  
(City, town, or county) (State or foreign country)

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

14. Maiden name **Stephan**  
15. Birthplace **Mo. U.S.**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mr. Earl Knoles**  
(b) Address **Chaffinthe Mo.**

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 \_\_\_\_\_

17. (a) **Rural** (b) Date thereof **6-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Englewood Cem.**  
18. (a) Signature of funeral director **Ed Williams**  
(b) Address **Clinton Mo.**  
19. (a) **6-3-48** (b) **R. R. Kenney**  
(Date received local registrar) (Registrar's signature)

23. Signature **James Smith** (M. D. or other) **M. D.**  
Address **Clinton, Mo.** Date signed **6-1-48**

RECEIVED

District Health Officer No. 74

District File Number 5-48-615

Date Filed 6-7-48

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

*W. R. Beavis Jr.*

Registered Apprentice No. 517

working under my personal supervision

Signed

*Fred Wilkerson*

Licensed Embalmer No. 2478

P. O. Address Cleveland, Ohio

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.