

FILED MAY 12 1949 STANDARD CERTIFICATE OF DEATH

T2161
State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Genl Hospit</u>		d. STREET ADDRESS (If rural, give location) <u>EAST SIDED 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY ELIZABETH</u> b. (Middle) <u>KNISELY</u> c. (Last) <u>KNISELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 13 1873</u>		9. AGE (In years last birthday) <u>75</u> <u>9</u> <u>23</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Ind</u>	
13a. FATHER'S NAME <u>WM POPE</u>		13b. MOTHER'S MAIDEN NAME <u>RACHE SCHWITZER</u>		14. NAME OF HUSBAND OR WIFE <u>0</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Bob Eberting</u> ADDRESS <u>Clinton Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Salivbladder</u>		<u>year</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>155X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1948 to May 5, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. R. S. Hall</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Clinton Missouri</u>	23c. DATE SIGNED <u>5/6/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. Zion Cem</u>	24d. LOCATION (City, town, or county) (State) <u>MT 2100 Mo</u>
DATE REC'D BY LOCAL REG. <u>5-6-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>422</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Consolud</u> ADDRESS <u>Clinton Mo</u>	

RECEIVED

District Health Officer No. 7

District File Number 4-49-50

Date Filed 5-9-49

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 _____

Eugene R. Consalus

Student Embalmer No. 287

working under my personal supervision.

Signed Eugene R. Consalus
Student Embalmer

Signed J. E. Consalus

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.