

DEC 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33586
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
(b) Township Libanau Primary Registration District No. 4267
(c) City Libanau (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME Wm Oliver Knost

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Knost
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 77 4 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1938 to Nov 4 1938
I last saw him alive on Nov 4 1938 Death is said to have occurred on the date stated above, at 6:05 P.M.
The principal cause of death and related causes of importance were as follows:

Burns about face head & extremities (arms)
Date of onset Oct 27 1938

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's report Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burns
Nature of injury Burns 2nd degree

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) P. J. ... M. D.
(Address) Libanau Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay City, Ill. 1

13. NAME John Knost

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Knau 5

15. MAIDEN NAME Mary Rutherford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Knau 4

17. INFORMANT Chas Knost
(ADDRESS) 1616 Busch Okla City Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan DATE 11/6/38

19. FUNERAL DIRECTOR W. E. Halman
(ADDRESS) Libanau Mo

20. FILED 11-5-1938 J. A. McComb
Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

181
15

RECEIVED
District Health Officer No. 7,
District File Number 7-38-571
Date Filed 12-12-38

STATEMENT BY LICENSED EMBALMER

I, W. E. Haeman, Licensed Embalmer No. 3061
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed W. E. Haeman
Licensed Embalmer No. 3061

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39586
Do not use this space.

7

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township..... Primary Registration District No. 4267 Registered No.....
 (c) City Lebanon (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm Oliver Knost

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... to 19... 19... to 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Burns about forehead and extremities
 Date of onset 181

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Passed gasoline in stove - explosion

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) P. Blomquist, M. D.

(Address) Lebanon, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be important.

