S. No. 2
M—5-42
5-17-39
I - X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10548

FILED APR 12 1943

Registration District No. 757 Primary Registration District No. 5585 Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Jasper 49
(b) City or town Rural - Madison Twn. 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
Route #3, Carthage /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Rural - Madison Twn. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Carthage
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula Eveline Knight
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Wm. Nelson Knight
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April (Month) 11, (Day) 1873 (Year)

8. AGE: Years 69 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Jasper County, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name A. C. Tharp
13. Birthplace X (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Elizabeth Harless
15. Birthplace Cass Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mr. Wm. Nelson Knight
(b) Address Route #3. Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.
19. (a) Mch. 15, 1943 (Date received local registrar) (b) Elizabeth Coopline (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, year 1943 hour 4:20 minute P. M.
21. I hereby certify that I attended the deceased from Feb 25 1943, 19 , to 3-13-49, 19 ; that I last saw her alive on Mch. 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with a Stroke

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

131 P

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? Means of injury 0
23. Signature [signature] (M. D. ~~or other~~)
Address Carthage Date signed 3-16-43

1203

(Licensed Embalmer's Statement on Reverse Side)

48-3-271

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: Ed Ellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.