

S. No. 2  
M-2-43  
y. 5-17-39  
P-1 X35637

FILED JAN 21 1947  
Registration District No. **166**

Primary Registration District No. **166 4254**

Registrar's No. **7**

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

**1. PLACE OF DEATH:**

(a) County **Johnson**

(b) City or town **Knob Noster - Washington**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 years**  
(Specify whether years, months or days)

In this community **40 years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo**

(b) County **Johnson**

(c) City or town **Knob Noster**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **ARILLA-BUGBEE**

3. (b) If veteran, name war **no**

3. (c) Social Security No.

4. Sex **female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **May - 9 - 1876**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **6** year **1947** hour **1:15** minute **PM**

21. I hereby certify that I attended the deceased from **Sept 1 - 46** to **Jan 6 - 47** that I last saw him alive on **Jan 6 - 47** and that death occurred on the date and hour stated above.

Immediate cause of death **Chor. Vasculor**  
**Dementia**

Duration **34 yrs**

8. AGE: Years **70** Months **7** Days **27** If less than one day **hr. min.**

9. Birthplace **Daston City Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Ret. Housewife**

Due to

Due to

Other conditions **92D**  
(Includes pregnancy within 3 months of death)

**MOTHER**

11. Industry or business

12. Name **Daniel Hites**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Davis**

15. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Daisy Brewster**

(b) Address **Jefferson City Mo**

17. (a) **Burial** (b) Date thereof **Jan - 8 - 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem. K. I. N.**

18. (a) Signature of funeral director **C. L. Saulter**

(b) Address **Knob Noster Mo**

19. (a) **Jan 8, 1947** (b) **Emma L. Beatty**  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**

Major findings:  
Of operations **92D**

Of autopsy

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) (e) Means of injury

23. Signature **W. H. Brown** (M. D. or other) **MD**  
Address **Knob Noster** Date signed **Jan 7 47**

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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.....

*C. L. Saults*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *C. L. Saults*.....

Licensed Embalmer No. *1086*.....

P. O. Address *Knob Noster 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.**