. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1947

Registration District No. 871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25203

Primary Registration District No. 4456

Registrar's No. 17

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellett Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eunice Knox Ware
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, ~~married~~ ~~divorced~~ W
6. (b) Name of husband or wife Justin P. Ware
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	23	hr. min.

9. Birthplace Hudson (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles B. Knox
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rhoda Parker
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Howard S. Ware
(b) Address Montrose, Mo. Rt 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Telopea, Mo.
19. (a) July 21-1947 (Date received by local registrar) (b) Mrs. Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9 July 1947 to 18 July 1947; that I last saw her alive on 18 July 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1) Cerebral Hemorrhage — 9 days
2) Hypostatic pneumonia — 5 days
Due to 1) Benign Hypertension — unknown
2) Myocardial decompensation — 3 days
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

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

23. Signature C. D. Monroe MD (M. D. or other)
Address Appleton City, Mo Date signed 19 July 47

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1947

RECEIVED
District Health Officer No. 7,
District File Number 4-47-894
Date Filed 8-25-47

AUG 18 1947

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 ..... on the 19th day of July 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City Mission

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.