.S. No. 300
EV. 10-48

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12900

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 73

49

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Marion
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3 Carthage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper 44
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Marion
d. STREET ADDRESS (If rural, give location): Route #3 Carthage

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Nelson
c. (Last): KNIGHT

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 9, 1870
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 5, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Jasper County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas N. Knight
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Lula Eveline Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: George Knight, Route #3 Carthage, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Unknown
DUE TO (c): Senility 4200 — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary Tuberculosis — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28-48, 19__, *to* 4-13, 1949, *that I last saw the deceased alive on* 11-1, 1948, *and that death occurred at* 12 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. McNew Med. C
23b. ADDRESS: Carthage, Mo
23c. DATE SIGNED: 4-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/15/49
24c. NAME OF CEMETERY OR CREMATORY: Dudman Cemetery
24d. LOCATION (City, town, or county) (State): South East of Carthage, Mo.

DATE REC'D BY LOCAL REG.: Apr 15 1949
REGISTRAR'S SIGNATURE: L. B. Clinton M.D. 139
Per N. F. Ferguson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ed. C. Ulmer Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

49-4-311

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 _____ Student Embalmer No. 262, working under my personal supervision.

Signed Donald L. Roberts
Student Embalmer

Signed John S. Kennedy

Licensed Embalmer No. 41940

P. O. Address _____

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.