

FILED JUL 9 1947

Registration District No. 228

Primary Registration District No. 3046

State File No. _____

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town California Mo.
(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 _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town California
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME MARY BELLE KNEISLY HOOD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour 3 minute 30 A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, unmarried

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from June 4, 1947 to June 5, 1947, that I last saw her alive on June 4, 1947 and that death occurred on the date and hour stated above.

7. Birth date of deceased: June (Month) 23 (Day) 1897 (Year)

Immediate cause of death: Coronary Embolism

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>13</u>	hr. min.

Due to: Cardio-Vascular Disease

9. Birthplace: Miller Co Mo.
(City, town, or county) (State or foreign country)

Due to: _____

10. Usual occupation: Homemif.

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____
Of operations: _____

MOTHER FATHER { 12. Name David Kneisly

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

Of autopsy: _____

14. Maiden name Anna Ballen

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

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

16. (a) Informant Dorsey Hood
(b) Address California Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 6-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Hugh E. Williams
(b) Address California Mo.

(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 _____

19. (a) 6-14-47 (b) H.R. Popajoy
(Date received local registrar) (Registrar's signature)

23. Signature Edgar A. Kibbs (M. D. or other) _____
Address California Date signed 6/8/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/8/42

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 *Hugh E. Williams*
Licensed Embalmer No. *3537*
P. O. Address *California 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.