

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19029

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau(b) Township Walker(c) City California, Mo.

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

257 Thomas Benjamin McKnight(a) Residence, No. California, Mo. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFIda McKnight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March. 27. 1867

7. AGE

YEARS

73

MONTHS

1

DAYS

9If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Merchant

10. Date deceased last worked at this occupation (month, day, and year)

1st Month

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Milton McKnight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Caroline Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Mrs. Grace Surger
California, Mo.

18. BURIAL PLACE

Masonic CemtDATE May. 7

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Bowlin Funeral Home
California, Mo.20. FILED 5-7-1940 H.R. Popejoy

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5-5-194022. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to May 5, 1940I last saw him alive on May 5, 1940. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
(following influenza)
5th
Date of onset May 1st 1940

Other contributory causes of importance:

Probably had internal malignancy of 1 yrs duration. Location of tumor not determined.

Name of operation

None.What test confirmed diagnosis? Physical exam Date of _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D. L. Latham(Address) California, Mo., M. D.

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.....

Earl R. Bowlin

Licensed Embalmer No.....

2126

P.O. Address.....

California

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, above space should be left blank.