

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:  
 Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Lenoir

(b) Township Auston, N.C.  
(If in town limits, leave blank)

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

(d) Street, hospital or institution Main St. Hosp.

(e) Length of stay in hospital or institution 1 week  
(In mos. or days)

In this community 1 yr., mos., or days

Registration Dist. No. 54-80 Certificate No. 39

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County Duplin

(c) City or town Kenansville

(d) Street or R.F.D.

(e) Is place of residence in corporate limits? No.

(f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

(a) FULL NAME Mr. George William Knowles

(b) If veteran, name war \_\_\_\_\_ See Social Security No. 240-24-5552

3. Sex Male 4. Color or Race White 5. Marital Status Single  
(Married, widowed, or divorced)

(c) Name of husband or wife Faursana Lindley Knowles

(d) Age of husband or wife if alive 40 years.

6. Birth date of deceased March 16, 1885  
(month, day and year)

7. AGE: Years 25 Months 10 Days 27  
If less than one day, hrs. min.

8. Birthplace Duplin County  
(City, town, or county) (State) (foreign country)

9. Usual occupation farming

10. Industry or business

MEDICAL CERTIFICATION

20. Date of death 2-14 1941 at 4:30 P.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12-41 to 2-14-41 and that I last saw him/her on Feb 14 1941

Immediate cause of death Concussion of head & lacerations of head  
Due to compound fracture of left leg  
Due to fracture of right leg

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 2-10-41

(c) Where did injury occur? Near Rockland, N.C.  
(City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in a public place? Highway  
(Specify type of place)

(e) Means of injury hit by moving truck

While at work? No

MOTHER FATHER

11. Name George Alfred Knowles

12. Birthplace Duplin County

13. Maiden Name Letie Rackley

14. Birthplace Sampson County

15. Informant's Signature Mr. C. Miller

(b) Address Beulaville, N.C.

16. (a) Burial (b) Date thereof 2-15-41  
(Method, cremation, or removal) (Month, day, year)

(c) Cemetery 1 1/2 mile cemetery

(d) Location Sampson County

17. (a) Funeral director Thom McShan & Home

(b) Address Warsaw, N.C.

18. (a) 2-24 1941 (b) J. M. M. M. M.  
Filed Registrar

Underline the cause to which death should be charged statistically

23. Signature Geo. W. Exum, M.D.  
Address Auston Date signed 2-15-41