WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

22982

2974

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson — Registration District No. — File No.
Township — Primary Registration District No. — Registered No.
City Kansas City, Mo. (No. U.S.Veterans Hospital St. Ward)

2. FULL NAME KNAPP, Frank Duncan — C-None
(a) Residence. No. Maxwell, Nebraska St., Ward Pvt. 1/c Co F 4th Inf.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Knapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	5	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Automobile Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Ford Motor Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maxwell
(STATE OR COUNTRY) Nebraska

PARENTS
10. NAME OF FATHER Frank E Knapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Malita Seeley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Elsie Knapp (wife)
(Address) Watson, Missouri

15. FILED 7-19 1930 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to July 19, 1930 that I last saw him alive on July 19, 1930, and that death occurred, on the date stated above, at 9:25 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Stomach, involving the head of the Pancreas.

46B
46F
(duration) 1 or more. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
Harnes E. Walker, M. D.
S.E. WALKER, Officer of the Day
U.S.V. Hospital, Kansas City, Mo
(Signed) (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Watson, Mo	7/20/30
20. UNDERTAKER	ADDRESS
Freeman Mortuary, 104 W	42nd St.