

REC'D MAR 14 1938

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

6056
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
(b) Township Marion Primary Registration District No. 2722 Registered No. 1
(c) City St. Joseph (d) Street No. 2 1/2 Miles North, Easton, Missouri St.
(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 76 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 76 yrs. - mos. - ds.

2. PRINT FULL NAME

Joseph Kneib 510
(a) Residence, No. R. F. D. #2 Easton, Mo. St. 2 1/2 Miles N. of Easton, Mo.
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aloysia Kneib

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>89</u>		<u>2</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

13. NAME Unknown 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. F. X. Fisher
(ADDRESS) R. F. D. #2, Easton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent.
PLACE St. Joseph, Mo. DATE Febr. 17, 1938

19. FUNERAL DIRECTOR H. O. S. denfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 3/10 1938 D. J. Bughan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938, to Feb 15, 1938
I last saw him alive on Feb 14, 1938. Death is said to have occurred on the date stated above, at 6:00 AM
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2/10/38

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical 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 ✓, 1938
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 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Gustav J. Lan M. D.
(Address) 1043 1/2 E. St. Joseph, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self
L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Elbert E. Harrington
Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
MEMPHIS, TENNESSEE
FORM 10-1-60
PAGE 1

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

608-6
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
(b) Township Marion Primary Registration District No. 5123 Registered No. _____
(c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. R. F. D. # 2, Easton (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 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alopecia Kneib

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1848

7. AGE YEARS 89 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. farmer on
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. F. W. Fisher R. F. D. # 2, Easton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE Feb 17, 1938

19. FUNERAL DIRECTOR H. O. S. Denfaden & Sons (ADDRESS) 1612 Union St. St. Joseph Mo

20. FILED 3/10 1938 D. F. Biggs Local Registrar

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Other contributory causes of importance:

Name of operation none Date of _____

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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) Bustard H. Ramm, M. D.

(Address) St. Joseph Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

