

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5915

Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 7
 (b) Township Washington Primary Registration District No. 1032
 (c) City St. Joseph (d) Street No. 610 S. 16th 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louie Charles Knapp
 (a) Residence, No. 610 S. 16th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Walburg Knapp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 12th 1862
 7. AGE YEARS 76 MONTHS 1 DAYS 23 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as saw mill, bank, etc. ARME MACHINE Co
 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) Austria

FATHER 13. NAME Joseph Knapp

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

MOTHER 15. MAIDEN NAME Katie

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

17. INFORMANT (ADDRESS) Mrs. L.R. Beatty, 610 S. 16th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE Feb. 7th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED Feb 6 1939 A.F. Specklebusch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938, to Feb 5 1939
 I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 12:25 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 2-5-39

Other contributory causes of importance: Carcinoma ascending unknown colon

Name of operation none Date of
 What test confirmed diagnosis? Clin. cal. Was there an autopsy? yes

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 M. D.
 (Signed)
 (Address)

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.

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.