

NOV 24 1939

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

36198
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 42-11
(c) City Windsor (d) Street No. _____ 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 Edward Knoop

(a) Residence, No. _____ 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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Rosalpha Knoop
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 2

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Stover, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Claus H. Knoop
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophia Schlusing
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Edward Knoop
(ADDRESS) Ionia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles, Mo. DATE Oct. 20 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED Oct 20 1939 A. J. Germany
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1939, to 10-18, 1939
I last saw him alive on 10-18, 1939. Death is said to have occurred on the date stated above, at 1:00 a m
The principal cause of death and related causes of importance were as follows:

Date of onset 10-14-39
Cerebral apoplexy
hypertension
arteriosclerosis

Other contributory causes of importance: none
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 _____, 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) Ray B. Jordan, M. D.
(Address) Windsor 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.

MO-I X18603

FEB 24 1947

MAR 7 1947

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1597

Date Filed 11-14-39

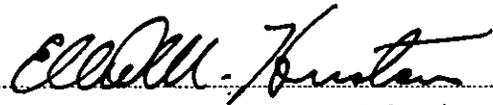
STATEMENT BY LICENSED EMBALMER

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. 3391

P. O. Address Windsor, Mo.

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.