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MAY 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13732

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1444

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City, Mo.

(c) Name of hospital or institution: Vineyard Park Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 50 yrs.

3. (a) PRINT FULL NAME James Homer Knapp, 510

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Blanche Griffith,

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased May 13 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	10	18	hr. min.

9. Birthplace Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Henry Knapp,

13. Birthplace Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Hard,

15. Birthplace Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Lane,

(b) Address Masonic Temple, K. C., Mo.

17. (a) Burial, (b) Date thereof 4-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) April 2 1940  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City  
(If outside city or town limit write "RURAL")

(d) Street No. 3009 East 7th St.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1940 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 28, 1940, to Mar 31, 1940  
that I last saw h. alive on 3-31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. carcinoma of prostate 1 gr.  
Due to 51

Due to Arterio-sclerotic changes of heart 1 week

Other conditions Septic Metritis

(Include pregnancy within 3 months of death)

Major findings: Cancer of Prostate  
Of operations (Biopsy)

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 1

23. Signature W. H. Lane (M. D. or other) \_\_\_\_\_

Address 3235 Gillham Plaza Date signed 4-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*J. B. Waters*

Licensed Embalmer No

*3992*

P. O. Address

*K.C. 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.**