FILED JAN 8 1941

U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41251

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4644

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

3628 Agnes Avenue (If not in hospital or institution, write street number or location)

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

In this community 56 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3628 Agnes Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

8. (a) PRINT FULL NAME Mr. Frank Reuben Knopp

8. (b) If veteran, name war None

3. (c) Social Security No. 486-05-4067

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Susan Jane Knopp

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December (Month) 9 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
61	11	25	___ hr. ___ min.

9. Birthplace Amazoni (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Pressman 9

11. Industry or business Kansas City Journal 9

FATHER 12. Name Peter M. Knopp 9

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

MOTHER 14. Maiden name Unknown Sparr

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

16. (a) Informant Mrs Dorothy Peek

(b) Address Tulsa, Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-6-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Dec - 2, 1940, to Dec 4, 1940; that I last saw him alive on Dec 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 hours
Due to: Bronchial asthma	3 years
Due to: Myocarditis Chr	2 years
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Orin Arnegger (M. D. or other)

Address 220 Gregg Bld Date signed 12/5/40

(Licensed Embalmer's Statement on Reverse Side)

220 Argyle Bldg
11:30-4

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R.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.