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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6917

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 98

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

39
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boiler Room at Teachers College/ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No. 1508 Maryland 6 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Walter J. Knapp
3. (b) If veteran, name war no
3. (c) Social Security No. 500-12-8365
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Knapp
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan. (Month) 21 (Day) 1880 (Year)

8. AGE: Years 61 Months 0 Days 12 If less than one day hr. min.

9. Birthplace (Near) Knox (City, town, or county) / Indiana (State or foreign country)
10. Usual occupation Contractor
11. Industry or business
FATHER
12. Name Frank Knapp
13. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)
MOTHER
14. Maiden name Sarah Bancroft
15. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)
16. (a) Informant Frank Knapp
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 5 (Day) 1941 (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 2-5-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1941 hour 3 minute 30 p.M.
21. I hereby certify that I attended the deceased from 1936 to Feb. 3, 1941 that I last saw him alive on Nov. 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis, Chronic Myocarditis	
Due to: Chronic Hypertension, B.P. 210/110	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None -	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Newton Waxman (M. D. or other)
Address Springfield, Mo. Date signed 2-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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, fact should be so stated above.