S. No. 2
—11-10-39
. 5-17-39
P I X21492

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

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17362

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2024

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: St. Luke's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community all of life

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. 6430 Wornall Rd
(If rural, give location)

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

3. (a) PRINT FULL NAME Miss Mary Knapp

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 16 (Day) 1858 (Year)

8. AGE: Years 82 Months 8 Days 6 If less than one day ____ hr. ____ min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Bernard Knapp
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No (City, town, or county) Germany (State or foreign country)

16. (a) Informant Paul Sutorius
(b) Address 1120 West 38th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City

19. (a) May 23 1941 (Date received local registrar) (b) H. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 10:10 minute P.M.

21. I hereby certify that I attended the deceased from October first, 1940, to May 22, 1941; that I last saw h. alive on May 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paralytic ileus of jejunum & ileum	1 wk
Due to Intestinal obstruction	2 wks
Due to Large gall stone which ruptured thru gall bladder into duodenum	3 Mos

Other conditions (Include pregnancy within 3 months of death) 3 days Confluent broncho pneumonia

Major findings: Of operations above findings

Of autopsy Confirmed Clinical & Surgical diagnosis

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 James H. Langlois (M. D. or other)
Address 315 Alameda Road Date signed 5-22-41

(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 A R Haunschild

Licensed Embalmer No. 4159

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.