

FILED AUG 16 1941

Registration District No. **599**

Primary Registration District No. **1002**

Registrar's No. **2561**

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 **77th & Troost**
(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 **Sixteen Yrs. 3**

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. **8223 Troost**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **OTTO G. KNOPP**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M.** 0 5. Color or race **W.** 0 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 **Dec. 6 1916**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	6	27	hr. _____ min. _____

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Transfer Business**

11. Industry or business _____

12. Name **Otto W. Knopp**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Hedwig Boehmer**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto W. Knopp**

(b) Address **8223 Troost**

17. (a) **Burial** (b) Date thereof **7-7-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Harlyn Fox**

(b) Address **7406 Cornwall**

19. (a) **7-7-41** (b) **M. M. Browe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day **7-3-41** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Diagnosis **rupture of the heart**

Due to **Crushing injury to the chest**

Other conditions **Auto-motorcycle trauma**
(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 **7-3-41**

(c) Where did injury occur? **K.C. Mo 122**
(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.

23. Signature **Richard M. ...** (M. D. or other) **3**

Address **K.C. Mo** Date signed _____

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

48 494-14-9124638

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.....
Harley R. Roy....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Harley R. Roy
Licensed Embalmer No.....*2510*
P. O. Address.....*15 E 2nd*

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.