

FNHR OCT 17 1941

STANDARD CERTIFICATE OF DEATH

State File No. 32463

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 132

1. PLACE OF DEATH:

(a) County St. Francis
 (b) City or town Farmington, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North Main Str.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community About 30 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Jane Knapp

3. (b) If veteran, name war
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry Knapp
 6. (c) Age of husband or wife if alive, years 1869

7. Birth date of deceased. Oct. 2 1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 2
 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER { 12. Name William F. Maack
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Ann Risner
 15. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Knapp Jr.

(b) Address 6738 Oakland Ave. St. Louis Mo.

17. (a) Burial (b) Date thereof Sept. 8 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young Sons

(b) Address Perryville Mo.

19. (a) Sept 8-41 (b) B. S. Robinson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Parry 079
 (c) City or town Perryville Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
 year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 3
 1941 to Sept 4 1941

that I last saw her alive on Sept. 4 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
 Duration

Due to Arteriosclerotic Heart Disease

Due to Recurrent Coronary Arteriosclerosis

Other conditions Senile Dementia
 (Include pregnancy within 3 months of death)
General Arteriosclerosis

Major findings: Of operations

Of autopsy 43a

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

23. Signature F. Richard (D. or other)

Address Farmington Mo. Date signed 9-8-41

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.....

Licensed Embalmer No. *2138*

P. O. Address. *Perryville 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.