

FILED AUG 12 1942

Registration District No. ~~275~~ 275 Primary Registration District No. ~~5212~~ 5212

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: McFarland Memorial
(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)

3. (a) PRINT FULL NAME Jess Spicer Knapp

3. (b) If veteran, name war Don't know

3. (c) Social Security No. Don't know

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced Don't know

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mar. 15 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 2 19 hr. min.

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

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER

12. Name Wm F Knapp

13. Birthplace Shelby Co W Va
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mc Carter

15. Birthplace Adrian W Va
(City, town, or county) (State or foreign country)

16. (a) Informant Records on person

(b) Address _____

17. (a) Burial (b) Date thereof June 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ralea, Mo

18. (a) Signature of funeral director Wm Eason

(b) Address Ralea, Mo

19. (a) 6/9/42 (b) _____
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Va. (b) County Lincoln

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

(d) Street No. 125 - 4th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 5:45 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 3, 1942
_____ 19____ to June 7, 1942
_____ 19____

that I last saw him alive on June 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Access following labor pneumonia

Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 108

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? _____

While at work? _____ (Specify type of place)

23. Signature Wm Eason (M.D. or other) _____
Address Ralea Mo Date signed 6/8

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: S. B. Miner

Licensed Embalmer No. 2294

P. O. Address Rolla, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25021

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Pella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Jess Spicer Knapp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June Day _____
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced o-k
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 15 1878
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 50 Months 2 Days 17 If less than one day _____ min.
9. Birthplace no data (City, town, or county) _____ (State or foreign country) _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 6-9-1942 (b) J. Keller Knapp
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

