

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14087

State File No. _____

FILED MAY 5 1943 77

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
115 Monroe St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs
(Specify whether years, months or days)

In this community 40 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest John Knaus

3. (b) If veteran, name war No.

3. (c) Social Security No. 496-14-1386

4. Sex Male

5. Color or face 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 Aug. 9, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	9	hr. min.

9. Birthplace Otterville, Mo. Copper Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Mo. Pac. Caller

11. Industry or business _____

MOTHER FATHER {

12. Name H.W. Knaus

13. Birthplace Loenell, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Esther Bell
(City, town, or county) (State or foreign country)

15. Birthplace Zanesville, Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Knaus

(b) Address Jefferson City, MO.

17. Removal & Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Sadalia, Mo.

18. (a) Signature of funeral director Victor Buescher

(b) Address Jefferson City, Mo.

19. (a) 4-19-43 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 115 Monroe St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 17, 1943, to Apr 18, 1943;
that I last saw him alive on Apr 10, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease

Duration 1 week

Due to _____

Due to _____

Other conditions gfr
(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 _____

(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 0

23. Signature Gas. A. Hill (M. D. or other) _____
Address Jefferson City, Mo. Date signed 4/19-43

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

26
5
4

26
3
1

MAY 5 1968

MAY 1 1968

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: *Victor Buecker*

Licensed Embalmer No. **3701**

P. O. Address: **Jefferson City, 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.