

State File No.

Registrar's No. 5-67

FILED JUN 8 1943
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 18 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE CAROLINE KNAPP

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph F. Knapp

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 5 1877
(Month) (Day) (Year)

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

65	11	11	hr. min.
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9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Gottfeeb Schwader

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

14. Maiden name Christiana Kinzer

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

16. (a) Informant Mr. Joseph F. Knapp

(b) Address R.F.D. #1 Easton, Missouri

17. (a) Burial Burial (b) Date thereof May 19 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herbert W. Sidenfader

(b) Address 1802 Union St. Joseph, Mo.

19. (a) 5-19-43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R. F. D. #1
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 30, 1943, to May 16, 1943;

that I last saw him alive on April 30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 hr

Due to 1/1/1

Due to

Other conditions Calvaria arth. + Peritonitis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓

Of operations

Of autopsy Stated above

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 Arthur J. Han (M. D. or other) M.D.
Address West Patrick Ave. St. Joseph, Mo. Date signed 5/17/43

Law

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 *John H. Hewley*
.....
Licensed Embalmer No. *4858*
.....
P. O. Address *St. Joseph 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.