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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25018

Registration District No. 132

Primary Registration District No. 4204

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Larado
(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 Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Solomon Knapp

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

4. Sex M 5. Color or race Wht

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

6. (b) Name of husband or wife Mary Knapp 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 18-1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 24 If less than one day hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Knapp

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

{ 14. Maiden name Salma Knight

{ 15. Birthplace U.S.A. unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Knapp

(b) Address Larado Mo

17. (a) Burial (b) Date thereof July 14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill (Chad Oak)

18. (a) Signature of funeral director P.R. Lyons Son

(b) Address Galt Mo

19. (a) 7-15-43 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1943 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from July 12th 1943, to July 12th 1943
that I last saw him alive on July 12th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration ?

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: 94 P

Of operations _____

Of autopsy _____

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)

(c) Means of injury 91

23. Signature B. Lee Shelhorse (M.D. or other) DO

Address Box 199 Larado Mo Date signed 7-14-43

1380 (Licensed Embalmer's Statement on Reverse Side)

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.....

PK Payne Jr

Licensed Embalmer No.....

3400

P. O. Address.....

Galt

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.