

ED OCT 7 1943 72
Registration District No. **72**

Primary Registration District No. **4271**

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

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Alma, Missouri**
(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 **1**
(Specify whether
In this community **55 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette 154**
(c) City or town **Rural**
(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 **Mathilda Louise Knipmeyer,**

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

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

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

7. Birth date of deceased **March 26 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 4 hr. min.

9. Birthplace **Concordia, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife, (Retired)**

11. Industry or business _____

12. Name **Casper Uphaus,**

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

14. Maiden name **Eseelman,**

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

16. (a) Informant **Alvin Knipmeyer,**

(b) Address **Alma, Missouri.**

17. (a) **Burial** (b) Date thereof **Oct. 3, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corder, Missouri.**

18. (a) Signature of funeral director **Alfred H. Bremer**

(b) Address **Alma, Missouri.**

19. (a) **9-30-1943** (b) **Dr. W. B. Brocklin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **30,** 19**43**
year **1943.** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 28**
_____ 19**43** to **Sept 30,** 19**43**
that I last saw **h.e.r.** alive on **Sept 30,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza** Duration **2 days**

Due to _____

Due to _____

Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **934**
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **E. M. Moore** (M. D. or other)

Address **Highway 10, Missouri** Date signed **10-2-43**

RECEIVED

Health Officer No. 8,

District File Number

Date Filed

10-6-43

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 *Alfred H. Brewer*
Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

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.