

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 20 1943

Registration District No.

Primary Registration District No. 5358

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Davies
(b) City or town Rural Colfax
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Davies
(c) City or town Rural Colfax
(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: 0

3. (a) PRINT FULL NAME Tillitha Knappke

3. (b) If veteran, name war: none 3. Social Security No. None

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

6. (b) Name of husband or wife Karl Knappke 6. (c) Age of husband or wife if alive 1853 years

7. Birth date of deceased Jan 1 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 17 If less than one day .hr. .min.

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

10. Usual occupation Retired Housewife

11. Industry or business Revisor Scott

12. Name Don't know

13. Birthplace Don't know (City, town or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Green

(b) Address Winston Mo

17. (a) Burial (b) Date thereof 19-21-43 (Month) (Day) (Year)

(c) Place: burial Winston

18. (a) Signature of funeral director Kate Shoup

(b) Address Winston Mo

19. (a) 9-20-1943 (b) J. O. Dickerson (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1943 hour 5:30 minute 9 A. M.

21. I hereby certify that I attended the deceased from Sept 16 1943 to Sept 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162 f

Major findings: Of operations

Of autopsy

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 J. O. Dickerson (M. D. or other)

Address Winston Date signed 9/20/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

31
0
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John J. Moore

John J. Moore

John J. Moore

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 J. Moore

Licensed Embalmer No. *1188*

P. O. Address *Cameron, 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.