DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1516

State File No. 5657

FILED JAN 19 1944

Registration District No. 449

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or ~~institution~~: LAKESIDE HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 4-DAYS (Specify whether
In this community 65 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 3 4/8

(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5036 LYDIA AVENUE
(If rural, give location)

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

If yes, name country ---- 1

3. (a) PRINT FULL NAME MR. LEMUEL VERMILLION KNAPP

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-03-2869

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of ~~husband or~~ wife MRS. EDNA MAY KNAPP

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

7. Birth date of deceased DECEMBER (Month) 20 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	10	hr. min.

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

10. Usual occupation CLERK

11. Industry or business Commodity CREDIT CORP.

FATHER
12. Name EDWARD J. KNAPP
13. Birthplace (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name SARAH VERMILLION
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. J. R. Stalcup
(b) Address 5036 Lydia KC Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-31-1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Dec 31, 1943 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 30TH year 1943 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 29, 1936, to 12/30, 1943; that I last saw him alive on Dec. 29 - 11:30 PM. 1, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	5 days
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	15 yrs
Chronic Interstitial Nephritis	2 yrs
Hypertension	

Major findings:
Of operations
Of autopsy 3/a

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 Joseph A. Fogarty (M. D. or other) DO

Address 1402 Wythorn Rd K.C. Mo Date signed 12/30/43

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(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.