S. No. 2
DM—5-43
v. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6599

Registration District No. 472 Primary Registration District No. 1000 Registrar's No. 210

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: 309 Vassar St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 309 Vassar St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: John W. Knapp
3. (b) If veteran, name war: WW #1
3. (c) Social Security No.: ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lulo
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Aug (Month) 15 (Day) 1886 (Year)

8. AGE: Years 57 Months 6 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace: St Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Policeman
11. Industry or business: City of St Joseph
MOTHER FATHER
12. Name: Gus Knapp
13. Birthplace: ? (City, town, or county) Holland (State or foreign country)
14. Maiden name: Ann
15. Birthplace: Holland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Fred Wright
(b) Address: 2307 Messonie
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland
18. (a) Signature of funeral director: Fleemon & Son Inc
(b) Address: St Joseph Mo.
19. (a) 2-25-44 (Date received local registrar) (b) Roe Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 19 Feb, 1944, to 23 Feb, 1944, that I last saw him alive on 23 Feb, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 f

Major findings:
Of operations: None
Of autopsy: None

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: [illegible] (M. D. or other)
Address: St Joseph Mo. Date signed: 3 Feb 44

1233 (Licensed Embalmer's Statement on Reverse Side)

APR 9 19

APR 5 1945

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 Robert H Gaple

Licensed Embalmer No. 3308

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.