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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31327

Primary Registration District No. 3043

Registrar's No. 268

1. PLACE OF DEATH:

(a) County: Maroon

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

(c) Name of hospital or institution: Levering Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64

(c) City or town: Palmyra 2
(If outside city or town limits, write "RURAL") O

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

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

If yes, name country: Germany

3. (a) PRINT FULL NAME: Elizabeth Kneupple

3. (b) If veteran, name war: XXXXXXXXXXX

3. (c) Social Security No. XXXXXXX

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Henry J. Kneupple

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

7. Birth date of deceased: May (Month) 22 (Day) 1857 (Year)

8. AGE: Years 87 Months 3 Days 7 If less than one day hr. min.

9. Birthplace: Germany (City, town, or county) U (State or foreign country)

10. Usual occupation: X XXXXXXXXXXXXXXX

11. Industry or business: XXXXXXXXXXXXXXXXX

FATHER
12. Name: Henry Bremmer
13. Birthplace: Germany (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name: Caroline Shriver
15. Birthplace: Germany (City, town, or county) U (State or foreign country)

16. (a) Informant: Henry Kneupple

(b) Address: Palmyra Mo. R.F.D.

17. (a) ~~Palmyra Mo.~~ Burial (Burial, cremation, or removal) (b) Date thereof: 8/31-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetary

18. (a) Signature of funeral director: A. M. Sprague

(b) Address: Palmyra Mo.

19. (a) 8/30/44 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 29 day year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased ~~from~~ for 24 years, 19..., to Aug 29, 1944, that I last saw her alive on Aug 28, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteria sclerotic heart disease — Duration years

Due to:

Due to:

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

Major findings:
Of operations:

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: [illegible] (M. D. ~~or other~~)

Address: Palmyra Mo. Date signed 8/30/44

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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 A. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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.