

FILED OCT 24 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 4069

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Loretto Academy-39th & Roanoke
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Loretto Academy-39th & Roanoke
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1)

3. (a) PRINT SISTER M. EMERANCE KNAPP
FULL NAME
3. (b) If veteran, name war XX 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced U Sgl
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July 12 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 27 hr. min.

9. Birthplace St. Joseph Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Loretto Academy

MOTHER FATHER { 12. Name George Knapp
13. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Brown
15. Birthplace Natchez Miss. U
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Agnes Marie
(b) Address Loretto Academy

17. (a) Burial (b) Date thereof 10-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. Wagner
(b) Address Kansas City, Mo.

19. (a) 10-10-44 (b) P. E. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 9th
year 1944 hour 12: minute 30 A. M.
21. I hereby certify that I attended the deceased from Sept 15
1944 to Oct 9 1944
that I last saw her alive on Oct 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days
Due to Myocardiasis 1 Month
Due to Coronary atherosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: As above 4/6/45

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? _____ Means of injury 0
23. Signature John T. Skinner (M. D. or other) MD
Address 1102 Standard Date signed 10-9-44

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

11-7010
Bryant

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.