S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8669

Primary Registration District No. 1002

Registrar's No. 1041

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:
St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 11 Years
years, months or days)

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. 3663 Jefferson, St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Knapp

3. (b) If veteran, name war No

3. (c) 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 Benjamine Knapp

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

7. Birth date of deceased Dec. (Month) 7th (Day) 1863 (Year)

8. AGE: Years 82 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Mathew W. Ransom
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah Landon
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Arthur M. Ransom
(b) Address 4009 Bell, Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 3-5-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 23, 1945, to March 4, 1945
that I last saw her alive on March 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Transtrochanteric fracture rt hip	2/16/45
Due to Uremia	2/25/45
Toxic Myocarditis	2/22/45
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186 a-5
18

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) accident

(b) Date of occurrence 2-16-45

(c) Where did injury occur? K.C. Jackson (City or town) (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 3/5/45

(Licensed Embalmer's Statement on Reverse Side)

.0016

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.

Dr Lyle Wallick
Prof Bldg