

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945
16945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17282**
17282
Registrar's No. **262**

Registration District No. **169**

Primary Registration District No. **5613**

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Knox County**

(b) City or town **Edina, Missouri Benton Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **Life Time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox** ⁵²

(c) City or town **Edina, Missouri** ⁰
(If outside city or town limits, write "RURAL.")

(d) Street No. **Benton Twp**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Frank B. Knapp**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M D** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **July 13, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 9 17 hr. min.

9. Birthplace **Edina, Missouri Benton Township**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Frederick Knapp**

13. Birthplace **Germany** ⁴
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dailing**

15. Birthplace **Germany** ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant **C. Knapp**

(b) Address **Edina Mo**

17. (a) **St. Joe Cemetery** (b) Date thereof **May-1-1945**
(Final, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edina Mo**

18. (a) Signature of funeral director **Stella Kriegshauser**

(b) Address **Edina, Missouri**

19. (a) **5-4-45** (b) **Nelle Northcutt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
year **1945** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **April 28**, 19**45**, to **April 29**, 19**45**.
that I last saw him alive on **April 29**, 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** ^{1 1/2 hr.}

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy **Q4w**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **M. E. Luman** (M. D. or other) ⁰

Address **Edina Mo** Date signed **April 29**

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978 17 108

RECEIVED

District Health Officer No. 10

District File Number 5-45-865

Date Filed MAY 14 1945

JUN 2 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.