S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

40977

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 271

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 901-W-High
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 901-W-High 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Thersia Knaup
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 12 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Hartsburg Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lorenz Knaup
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna E. Tetmer
15. Birthplace Cole County Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Adolph Wagner
(b) Address 901-W-High
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical
18. (a) Signature of funeral director Tomas Sevin
(b) Address 70 Jefferson
19. (a) 12-4-45 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1945 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Sept. 30, 1938, to Nov. 30, 1945 that I last saw her alive on Nov. 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	2 days
Due to Chronic endocarditis	5 years
Due to	
Other conditions Oedema of limbs & ascites of abdomen (Include pregnancy within 3 months of death)	2 mos.

Major findings:
Of operations
Of autopsy 920

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 F. W. Gillham (M. D. ~~or other~~) MD
Address Jefferson City, Mo. Date signed 12/3/45

1437

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-18-45

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 .....

Licensed Embalmer No. 3641

P. O. Address .....

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.