S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1946

State File No. 20355

Registration District No. 419 Primary Registration District No. 1002 Registrar's No. 2882

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1636 Jefferson 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Knapper
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased July (Month) 13 (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 15 16 If less than one day hr. min.

9. Birthplace Mt Comb (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Retired Fireman
11. Industry or business K.C. Fire Dept.
FATHER
12. Name Paul Knapper
13. Birthplace Ill. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Stone
15. Birthplace Ky. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frances Knapper
(b) Address 1636 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director C.H. Blackman & Son
(b) Address K.C. Mo.
19. (a) 6-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1946 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 19 1946 to June 29 1946 that I last saw him alive on June 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral vascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 830	

Major findings:
Of operations
Of autopsy None

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 11

23. Signature Wm W. Hart (M.D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-29-46

(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.....N D Blackman.....

Licensed Embalmer No.....3639.....

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.