. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5436

State File No.

Registration District No. 201 Primary Registration District No. 4312 Registrar's No. 531

1. PLACE OF DEATH:
(a) County Mason
(b) City or town Ethel
(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 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mason 61
(c) City or town Ethel 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Adalphus Edgar Lynn Knapp
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 1 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	12	hr. min.

9. Birthplace Sublet (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Joseph H. Knapp 1
13. Birthplace (City, town, or county) N.Y. (State or foreign country)
MOTHER
14. Maiden name Jamima E. Pryor
15. Birthplace Marietta (City, town, or county) Ohio, 1 (State or foreign country)
16. (a) Informant C B Knapp D.C.
(b) Address Laplata, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Helton Cem.
18. (a) Signature of funeral director Larson Funeral Service
(b) Address Ethel, Mo.
19. (a) Feb. 20, 1947 (Date received local registrar) (b) Mrs Ohlw Edwards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1947 hour 9 minute 30 a.M.
21. I hereby certify that I attended the deceased from July, 1946, to 18 Feb, 1947;
that I last saw him alive on Dec 21, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio renal disease	years
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy none

131A

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Donald E Eggleston (M. D. or other) MD
Address Mason, Mo Date signed 20 Feb 47

X — 184

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
3-47-401
MAR 1-1-1947

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.....C. A. Larson

Licensed Embalmer No.....4037

P. O. Address.....Bucklin, 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.