

National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 73

Primary Registration District No. 0291

Registrar's No. 16

1. PLACE OF DEATH:

(a) County 6 Clay Liberty, Mo
 (b) City or town Liberty, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2001 Home Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 mos
 (Specify whether 12 mos)
 In this community 12 mos
 years, months or days

3. (a) PRINT FULL NAME

JAMES HENRY KNORP
 3. (b) If veteran, name war 2
 3. (c) Social Security No. 2

4. Sex Male (5) Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of ~~husband~~ wife Ellen Knorp
 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased: May 11 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 2 hr. min

9. Birthplace: Bates Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Stockman

11. Industry or business: Mo Knorp

12. Name: Mo Knorp

13. Birthplace: Mo
 (City, town, or county) (State or foreign country)

14. Maiden name: Ellen Burnett

15. Birthplace: Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant: J. E. House Supt

(b) Address: Liberty, Mo

17. (a) Burial (b) Date thereof: 2/16/48
 (Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty, Mo

18. (a) Signature of funeral director: Clundy - Archer Co

(b) Address: Liberty, Mo

19. (a) February 16 1948 (b) murder by cancer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6 Clay 24
 (c) City or town Liberty 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Rt 2 0
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1948 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 18
 19 48 to Feb. 13 19 48
 that I last saw him alive on Feb. 12 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute circulatory failure 48 hrs.

Due to: Hypertensive cardio-vascular disease & congestive failure 5 yrs.

Due to: _____

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

Major findings: 9.3 D

Of operations: _____

Of autopsy: _____

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 J. O. Schroeder (M. D. or other) M.D.

Address Liberty, Mo Date signed 2/14/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

392-18

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

Harold B. Smith

Registered Apprentice No.

37

working under my personal supervision.

Signed

John Lombard

Licensed Embalmer No.

4448

P. O. Address

Liberty, 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.