S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14308

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4033

1. PLACE OF DEATH:
(a) County
(b) City or town: StLouis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 57
(a) State: Missouri (b) County
(c) City or town: Elsberry (If outside city or town limits, write "RURAL")
(d) Street No.: R.R. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Thomas C Knapp
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
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: March (Month) 5 (Day) 1893 (Year)
8. AGE: Years 55 | Months 1 | Days 22 | If less than one day hr. min.
9. Birthplace: Elsberry (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Jewler and Watchmaker
11. Industry or business
FATHER
12. Name: Daniel K Knapp
13. Birthplace: Mississippi (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary A Ellis
15. Birthplace: Elsberry Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mary A Ellis
(b) Address: Elsberry Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Elsberry Mo
18. (a) Signature of funeral director: Rowland Mortuary Service
(b) Address: 4104 Manchester Ave.
19. (a) APR 29 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27th year 1948 hour 2:05 minute P.M.
21. I hereby certify that I attended the deceased from March 28, 1948, to April 27, 1948, that I last saw him alive on April 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mesenteric thrombosis	2 days
Due to: 1. Peritonitis	30 days
2. Perforated gall bladder	?
Due to: 3. Chronic appendicitis	?
4. Coronary thrombosis	?

Other conditions: NO STONES (Include pregnancy within 3 months of death)
Major findings: Of operations: as above.
Of autopsy: as above.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: James A. Gorsline M. D. or other
Address: 3903 Olive Date signed 4-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 2 1949

JUL 2 1948

JUL 2 1948

4083

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 Van M Dizemore

Licensed Embalmer No. 4343

P. O. Address St Louis 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.