No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26049

Primary Registration District No. 4204

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Laredo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Caleb Brooks 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: Married
6. (b) Name of husband or wife: Elizabeth M. Knapp
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: November (Month) 22 (Day) 1865 (Year)

8. AGE: Years 82 | Months 8 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Laredo (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER
12. Name: Solomon Knapp
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elmira Knight
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Claudia Portman
(b) Address: 609 Madison St Joseph Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Laredo
18. (a) Signature of funeral director: E. J. Roberts Funeral Home
(b) Address: Laredo
19. (a) 8/16/48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26 year 48 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from 9-3-48, 19..., to 7-26, 1948, that I last saw him alive on 7-26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Ascites — Duration
Due to: Chronic Carditis
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Chronic Carditis
Of autopsy: none

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: C. S. Thomas M. D. or other
Address: Laredo Date signed 7-27-48

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

DISTRI
DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 25 19

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.