FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36672

Registration District No. 1449 — Primary Registration District No. 1002 — Registrar's No. 4509

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: Children's Mercy Hosp. U (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-31-48 TO 11-5-48 (Specify whether
In this community see above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper San Montieau
(c) City or town ~~Kansas city~~ California (If outside city or town limits, write "RURAL")
(d) Street No. R# 2 (If rural, give location)
(e) Citizen of foreign country? — no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Larry Gene Knipker.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male U
5. Color or race W.
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 June (Month) 27 (Day) 1948 (Year)

8. AGE: Years | Months 4 | Days ~~7~~ 8 | If less than one day — hr. — min.

9. Birthplace California (City, town, or county) Missouri (State or foreign country)
10. Usual occupation — infant
11. Industry or business —

FATHER
12. Name Carl Knipker D
13. Birthplace California Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Zimmerman
15. Birthplace California Mo D (City, town, or county) (State or foreign country)

16. (a) Informant Father
(b) Address California mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation California mo.
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California mo.
19. (a) 11-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5 year 1948 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from Aug 31, 1948, to Nov 5, 1948 that I last saw him alive on Nov 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema, rt. side lobar
Due to Pneumonia - Rt. lower lobe
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 100
Of autopsy

Duration

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)
(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 E.C.H. Schmidt (M. D. or other) MD.
Address St Luke's Hosp K.C.Mo Date signed 11-5-48

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

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

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.