

FILED FEB 6 1950

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43983

Registration District No. 273

Primary Registration District No. 6269 Registrar's No. 8

1. PLACE OF DEATH:

- (a) County Webster
- (b) City or town Rural - 3rd W. 7th
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution Webster County Home
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community
years, months or days3: (a) PRINT FULL NAME Christopher Knapp3. (b) If veteran,
name war

3. (c) Social Security No.

4. Sex Male5. Color or
race W6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Opha Knapp6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept. 27 1871
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 11 5 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign county)10. Usual occupation Farmer

11. Industry or business

12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Opha Knapp(b) Address Fordland, Missouri17. (a) Burial (b) Date thereof Sept. 25 '49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fordland Ceme.

18. (a) Signature of funeral director

(b) Address

19. (a) 1-19-50 (b) J. H. Hance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Webster
- (c) City or town Fordland 112 11
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23, 1949
year _____ hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Sept. 4, 1949
to Sept. 23, 1949
that I last saw him alive on 11:30 A.M. Sept. 23, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death

ChronicDue to Nephritis InstitutionalDue to DropseyOther conditions
(Include pregnancy within 5 months of death)Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

While at work? _____
(Specify type of place) (e) Means of injury23. Signature W. F. Schmidt (M. D. or other) M.D.
Address Niangua, Mo. Date signed Sept. 26, 1949

RECEIVED JAN 30 1950
District Health Office No. 6,
District File Number LSO-150
Date Filed 1-31-50

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 W. H. Kelley
Licensed Embalmer No. 3334
P. O. Address Woodland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.