

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40270**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **5417** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hornersville Star Rt</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hornersville (Rural)</b> <b>0350</b>	
c. LENGTH OF STAY (In this place) <b>12Yr</b>		d. STREET ADDRESS (If rural, give location) <b>Star Rt.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Claud</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Knapp</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10-1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 16-1891</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HOURS Days <b>24</b>	IF UNDER 60 MIN. Hours <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Okemah Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	

13a. FATHER'S NAME <b>William F. Knapp</b>	13b. MOTHER'S MAIDEN NAME <b>Loretta Hawes</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Knapp H,ville StarRt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cora Knapp</b>	ADDRESS <b>Hornersville Star. Rt.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>331X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-10**, 19**50**, to **12-10**, 19**50**, that I last saw the deceased alive on **10-12**, 19**50**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Chapman</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Steele Mo.</b>	23c. DATE SIGNED <b>12-12-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett MO.</b>
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DATE REC'D BY LOCAL REG. <b>12-12-50</b>	REGISTRAR'S SIGNATURE <b>Bertha Kunschung</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lentz Service</b>	ADDRESS <b>Kennett MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-14-50

COUNTY FILE NUMBER 1250-328

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.