S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41483

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 415

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 10 mths
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion 0644
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0
d. STREET ADDRESS (If rural, give location): 2114 Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Bell
c. (Last): Knopp

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 22, 1871
9. AGE (In years last birthday): 79 — If under 1 year: Months 4, Days 16 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (State or foreign country): Summerdean Virginia 1
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Mathias Fix
13b. MOTHER'S MAIDEN NAME: Susan Lucas
14. NAME OF HUSBAND OR WIFE: Odis S. Knopp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. L. Freeman — ADDRESS: Hannibal Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia and Pernicious anemia — INTERVAL BETWEEN ONset AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) --
DUE TO (c) --

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 2900

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 19, 1949, *to* Dec 8, 1950, *that I last saw the deceased alive on* ....., 19..., *and that death occurred at* 8:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Chilton M.D.
23b. ADDRESS: 500 Broadway, Hannibal, Mo.
23c. DATE SIGNED: 12/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/50
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 12-15-50
REGISTRAR'S SIGNATURE: By virtue of his office Dr. E. M. Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: McCrawford Smith — ADDRESS: Hannibal Mo

RECEIVED DEC 27 1950
MARION CO. HEALTH DEPT.
DATE FILED DEC 28 1950

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 John L. Ward

Signed _____ Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.