

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33980
4630

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo. | | c. CITY OR TOWN Pleasant Hill | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1 yr. | | e. STREET ADDRESS (If rural, give location) 111 N. Lake | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes | | | |

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|---|-------------------------------|---|---|---|--|------------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Christian c. (Last) Knorpp | | | 4. DATE OF DEATH (Month) (Day) (Year) 10---1---54 | | | | |
| 5. SEX D Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH 7-29-1869 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Days | IF UNDER 24 Hrs. Hours | IF UNDER 1 Min. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired banker | | 10b. KIND OF BUSINESS OR INDUSTRY Banker | 11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME John C. Knorpp | | 13b. MOTHER'S MAIDEN NAME Anna Pepper | | 14. NAME OF HUSBAND OR WIFE Ida A. Knorpp | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. James Rowe ADDRESS Pleasant Hill, Mo. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate | | | 177X | |
| | | 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. | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from April, 1952, to Oct 1, 1954, that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE M. Y. Berry (Degree or title) MD | | 23b. ADDRESS 315 Nichols Rd. Kansas City, Mo. | | 23c. DATE SIGNED Oct 1, 54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-4-1954 | | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill | |
| | | | | 24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo. | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 10-4-54 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield ADDRESS Pleasant Hill, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2
1954

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 Byron J. Bell, Student Embalmer No. 509 working under my personal supervision.

Student Byron J. Bell
Signature of Student Embalmer

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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