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7-5-17-39  
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240792

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 3 4 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Clinton Genl Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 612 E Green  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wm SEWARD KNAPP

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT 2 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace VALLEY FALLS KAN  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED RAIL ROAD

11. Industry or business MAN

12. Name Wm Sutherland Knapp

13. Birthplace Dyersburg Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Louera Wilcox

15. Birthplace Adrian Mich  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm Knapp

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 8-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cen

18. (a) Signature of funeral director CONSALUS & Beck

(b) Address Clinton Mo

19. (a) July 31 (b) Myrtle Crowville  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 1945 to July 31 1945  
that I last saw him alive on July 31 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 22 days

Due to Hypertensive Cardio-renal disease 3 years

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none  
PHYSICIAN \_\_\_\_\_ Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S.B. Hughes M.D.

Address Clinton Mo Date signed 8/1/45

81391 (Licensed Embalmer's Statement on Reverse Side)

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

72  
1  
2

RECEIVED  
WARD EDWARD M

District Health Officer No. 7;

District Office Number 7-45-816

Date Filed 8-12-23 AM

FILE

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 [Signature]  
Licensed Embalmer No. 1891

P. O. Address Clinton 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.