

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41891

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

FILED JAN 3 1945  
Registration District No. 221

Primary Registration District No. 4331

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town James town mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Entire Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Moniteau <sup>67</sup>

(c) City or town Rural - 9 mi. n. of California  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME JACOB BENJAMIN KNIPKER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1945 hour 11:45 minute 11 A.M.

21. I hereby certify that I attended the deceased from Dec 2  
1943, to Dec 21, 1945;  
that I last saw him alive on Dec 21, 1945;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Oct 4 1864  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Pneumonia - lobar  
at lower lobe Duration  
2 days

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
81 2 18 hr. min.

9. Birthplace Moniteau Co. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Herma Knipker

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

14. Maiden name Carolens Holland

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

16. (a) Informant Mrs. Gene Bowman  
(b) Address Boonville mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Evangelical Cem.

18. (c) Signature of funeral director Wm. H. Ed. Williams  
(b) Address California mo.

19. (a) 12-26-45 (b) Gada M. Snow  
(Data received local registrar) (Registrar's signature)

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 Kenyon Latham (M. D. or other) \_\_\_\_\_  
Address California, mo Date signed 12-24-45

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

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**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..... *Hugh L. E. Williams* .....

Licensed Embalmer No..... *3537* .....

P. O. Address..... *California 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.**