

MAR 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7236
Do not use this space.

1. PLACE OF DEATH

(a) County Montealegre Registration District No. 571
(b) Township Arroyo Primary Registration District No. 4335-
(c) City or California (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 1 yrs. mos. ds.

2. PRINT FULL NAME

Harry Henry Knopf
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1915

7. AGE YEARS 23 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

FATHER 13. NAME Henry Knopf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

MOTHER 15. MAIDEN NAME Mattie Lengel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

17. INFORMANT (ADDRESS) Mrs. Henry Knopf California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE 3/19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. [unclear] California Mo

20. FILED 3-21-39 AR Popejoy local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw h_____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

accidently struck by Railway train
Sudden death
Other contributory causes of importance: 200
230

Name of operation None Date of _____
What test confirmed diagnosis? View Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-17-1939
Where did injury occur? R.R. Crossing near California Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at R.R. Crossing
Manner of injury as per above
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
(If so, specify _____)
(Signed) H.R. Popejoy Coroner, M. D.
California Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ALL INFORMATION FOR THIS FORM MUST BE WRITTEN IN THIS SUPPLEMENTARY SPACE

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ALL INFORMATION FOR THIS FORM MUST BE WRITTEN IN THIS SUPPLEMENTARY SPACE

1. PLACE OF DEATH

County Moniteau Registration District No. 571 File No. 2236
 Township California Primary Registration District No. 4335 Registered No. 15
 City California St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S-

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 19 34

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 22 MONTHS 9 DAYS 13 If LESS than 1 day _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Accidentally struck by train.
Riding in truck.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:
Prof. Strong - Clear

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED _____, 19____

If so, specify _____

(Signed) H. P. Pappas

(Address) California

Registrar.

