

FILED JAN 3 1946

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
 (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
 Due to at lower lobe Duration 2 days
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
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MOTHER FATHER
 11. Industry or business _____
 12. Name Herman 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 _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moniteau Evangelical Ch.
 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?
 _____ (Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature Kymon Latham (M. D. or other)
 Address California, mo Date signed 12-24-45

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

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.