

Registration District No. 224

Primary Registration District No. 8046

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
406 Mulberry St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 weeks
years, months or days)

3. (a) PRINT FULL NAME CATHERINE ELENOR KNORP
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female / 5. Color or race white
6. (b) Name of husband or wife Chas. Knorp 6. (c) Age of husband or wife if
7. Birth date of deceased July 27 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Valentine Moog
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Fort
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Spieler

(b) Address California, Mo.

17. (a) burial (b) Date thereof Nov. 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamestown, Mo.

18. (a) Signature of funeral director J. W. Wilson

(b) Address California, Mo.

19. (a) Nov 18 1942 (b) A. H. Kell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town 3 mi. N.W. of Jamestown, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th
year 1942 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 13
1942 to Nov 18 1942
that I last saw her alive on Nov 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Generalized arteriosclerosis
Duration 6 mo.
10 yr

Due to _____

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations _____
Of autopsy _____
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 Ferron Latham (M. D. or other) _____
Address California, Mo. Date signed 11-18-42

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..... *A. E. Wilson*

Licensed Embalmer No. *2351*

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.