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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37602

Registration District No. 224

Primary Registration District No. 3046

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. 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 2 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68

(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 0

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. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2.

6. (b) Name of husband or ~~wife~~ Chas. Knorp

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 27 (Day) 1859 (Year)

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

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

10. Usual occupation housewife

11. Industry or business .....

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

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

16. (a) Informant Kathryn Spieler
(b) Address California, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1942 (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 18-42 (Date received local registrar) R Fallee (Registrar's signature)

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.

	Duration
Immediate cause of death Chronic Myocarditis	6 mo.
Due to Generalized arteriosclerosis	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations .....
Of autopsy .....

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature Kenyon Latham (M. D. ~~or other~~)
Address California, Mo Date signed 11-18-42

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(Licensed Embalmer's Statement on Reverse Side)

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 G. 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.