

**FILED APR 17 1945**

Registration District No. **163**

Primary Registration District No. **3031**

Registrar's No. **70**

**1. PLACE OF DEATH:**

(a) County Jefferson  
(b) City or town Debato  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2112 2nd St.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 89 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE KATHERINE KNORPP

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased AUG 4 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace OAKVILLE MO  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

12. Name Wm J. Knorpp

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

14. Maiden name Emeline Pfister

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

16. (a) Informant Emma Knorpp  
(b) Address 2112 2nd St.

17. (a) Burial (b) Date thereof MARCH 14 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Debato Mo City Cemetery

18. (a) Signature of funeral director W. D. ...

(b) Address Debato Mo

19. (a) 3-24-45 (b) Wm J. Knorpp  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jeff.  
(c) City or town Debato  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2112 2nd St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 11  
year 1945 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 20 1944 to March 11 1945  
that I last saw her alive on March 10 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
and attack  
Due to arteriosclerosis of cerebral arteries  
Due to chronic interstitial nephritis & senility  
Other conditions Mitral Regurgitation  
(Include pregnancy within 3 months of death)

Duration

8 hrs

18 yrs

20 yrs

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1 2/10  
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 F. A. Elders (M. D. or other) MD  
Address Debato Mo Date signed 3/12/45

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

20  
22

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-6-45

SEP 29 1945

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..... *Donnell B Dietrich*.....

Licensed Embalmer No. 4104.....

P. O. Address Delato 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.**