

S. No. 2
M-5-43
7. 5-17-39
P I X38671

FILED OCT 30 1945

Registration District No. 17 Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... 35 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 7/6

(c) City or town Linn Mo. R.D.
(If outside city or town limits, write "RURAL")

(d) Street No. 15
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Anna Knoerr

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 Married

6. (b) Name of husband or wife Frank Knoerr 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept 25 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58		29	hr. min.
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9. Birthplace Gasconade Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Coulter

{ 13. Birthplace Gasconade Co. Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Helen Mittendorf

{ 15. Birthplace Gasconade Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Frank Knoerr

(b) Address Linn Mo R.D.

17. (a) Burial (b) Date thereof 10-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. H. Norton

(b) Address Linn Mo

19. (a) 10-26-45 (b) R. P. Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24
year 1945 hour 9 minute PM

21. I hereby certify that I attended the deceased from Oct 1
1945 to Oct 24 1945
that I last saw her alive on Oct 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 20 min

Due to Convalescing from
Pneumonia which 18 days
after developed 2 weeks
cholecystectomy

Other conditions appendicitis
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy _____

1110

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. P. Harris (M. D. or other) _____

Address Jefferson City Mo Date signed 10-25-45

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

6
7

1431

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

10-29-45

NOV 19 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 _____

Vernon M. Mosler

Licensed Embalmer No. _____

4125

P. O. Address _____

Linn

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.