

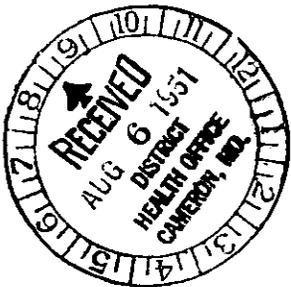
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21928**

FILED AUG 11 1951

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

| | | | | | | | |
|---|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>2</u> | | PRIMARY REG. DIST. NO. <u>5017</u> | | Registrar's No. <u>54</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Nodaway twp.</u> | | c. LENGTH OF STAY (In this place) <u>40 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Nodaway Twp.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>P.</u> c. (Last) <u>Knorr</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1951</u> | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>April 18, 1875</u> | |
| 9. AGE (In years - last birthday) <u>76</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Gustave Koegel</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Amusta P. Mann</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fritz Knorr</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Knorr, Savannah, Missouri</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>Generalized arterio-sclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u> <u>5 years</u> <u>10 years</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>45</u> , to <u>7-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>51</u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Lillian Sparks</u> | | | | 23b. ADDRESS <u>Savannah, Mo.</u> | | 23c. DATE SIGNED <u>7-30-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>7/31/1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>8-3-51</u> | | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman Funeral Home</u> <u>St Joseph, Mo.</u> | | | |



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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James B. Hairkins

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Jax

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.