

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 8 1949  
Registration District No. 2099

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40834  
Registrar's No. 66

Primary Registration District No. 3046

1. PLACE OF DEATH:  
(a) County. Moniteau  
(b) City or town. California, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Entire Life (Specify whether  
In this community Entire Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Moniteau 68  
(c) City or town. California (If outside city or town limits, write "RURAL")  
(d) Street No. East Street (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MINNIE PAULINE KNOGGE  
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 Widowed  
6. (b) Name of husband or wife. Fred Knogge 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. September 15, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 2 24 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Louis Boeckhaus

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

14. Maiden name. Pauline Bicker

15. Birthplace. St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Fred Knogge, Jr.

(b) Address. California, MO.

17. (a) Burial (b) Date thereof. 12/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Boeckhaus Cemetery

18. (a) Signature of funeral director. WILLIAMS FUNERAL HOME

(b) Address. California, Mo.

19. (a) 12-13-48 (b) H.R. Popper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 9  
year. 1948 hour 6 minute 43 a.m.  
21. I hereby certify that I attended the deceased from Dec 7  
1948 to Dec 9 1948  
that I last saw her alive on Dec 8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage Duration 2 days  
Hypertension  
Due to Semility  
Other conditions. (Include pregnancy within 3 months of death)

Major findings: none  
Of operations. none  
Of autopsy. none  
PHYSICIAN  
Underline the cause of 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.  
23. Signature. L. L. Cather (M. D. or other)  
Address. California Mo Date signed. 12-9-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 6 1949

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.....

*HE Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California 7th*

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.