

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

7196

Do not use this space.

1. PLACE OF DEATH

 (a) County Marion Registration District No. 552
 (b) Township Warren Primary Registration District No. 5745
 (c) or City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
Registered No. 4

2. PRINT FULL NAME

Sora Crim Schmidt
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Schmidt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 5 27

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 0

 12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Marion Co Mo

 FATHER
 13. NAME Samuel M. Crim

 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Kentucky

 MOTHER
 15. MAIDEN NAME Mary Brucilla Moss

 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Kentucky

 17. INFORMANT John E. Schmidt
 (ADDRESS) 124 Monroe City Mo

 18. BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery, July 20th 1939
Patmynra, Mo.

 19. FUNERAL DIRECTOR (NAME) Wilson & Son
 (ADDRESS) Monroe City Mo

 20. FILED 2/21 1939 Mrs. Alice V. Wagner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1939
 22. I HEREBY CERTIFY, That I attended deceased from 11/16 1938 to 2/1/39, 1939
I last saw her alive on 2/1/39, 1939. Death is saidto have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:Carcinoma of left breast.Date of onset
1930Other contributory causes of importance: 50

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) F. M. Simmons D.O., M. D.(Address) Monroe City, Mo.

MAR 21 1955

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 *O. W. Wilson*.....

Licensed Embalmer No. *1696*.....

P. O. Address *Morse City 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, above space should be left blank.