

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5842

Registration District No. 17

Primary Registration District No. 5071

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Rural Maund Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 61 years
years, months or days

3. (a) PRINT FULL NAME Ide Mary Schmidt 5.2.11
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Christian Schmidt 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 25 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace near Ottawa Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____
 MOTHER FATHER { 12. Name Gottard Hess 12
 13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine nee Kuehn
 15. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Rush
 (b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 3-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leysent Hill Cem.

18. (a) Signature of funeral director Leysent & Six
 (b) Address Adrian Mo.

19. (a) Mar. 16 1940 (b) Ethel C. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Rural Maund Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day March
 year 1940 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept 1938 to March 7 1940
 that I last saw her alive on March 6 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of

Due to stomach

Due to _____

Other conditions 40
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

50 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Blueschilde (M. D. or other) _____
 Address Butler Mo Date signed 3-8-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Adrian M*

Licensed Embalmer No. *3650*

P. O. Address..... *Adrian M*

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.