

FILED MAR 14 1940

Registration District No.

Primary Registration District No. 5907

Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Phelps
(b) City or town: Rural Lead Springs
(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 2
In this community 59-1-14 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Lena Evelyn Schmiedeknecht

3. (b) If veteran, name war: No.

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Henry E. 6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: Dec. 15 1880 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 14 If less than one day hr. min.

9. Birthplace: Phelps Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: John Fleishmann

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

14. Maiden name: Susan Oiler

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

16. (a) Informant: Ernest Schmiedeknecht

(b) Address: 2200 Star Route

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Mar. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Phelps Mo

18. (a) Signature of (funeral) director: R. H. ...

(b) Address: ... (c) Date received local registrar: Mar. 1, 1940 (d) Registrar's signature: J. F. ...

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Phelps
(c) City or town: Rural
(d) Street No.: 2200 Star Route
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1940 hour 6 minute 00 AM

21. I hereby certify that I attended the deceased from 2/14/40, 19 to 2/29/40, 19 that I last saw her alive on 2/20/40, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Rupture of Gall bladder

Due to: Cholelithiasis

Due to: 12.6

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

Major findings: Of operations: Ruptured spleen

Of autopsy:

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. H. ... (M. D. or other) Date signed: 2/29/40

Address: Phelps Mo

Duration

2/29/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 personal supervision.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 340 312

Licensed Embalmer No.....

Date Filed 3/2/40

P. O. Address.....

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.