

MAY 15 1940

Registration District No. 169

Primary Registration District No. 4092

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Brunswick
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ADAM SCHMITT 230

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY - 8 - 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation retired Farmer

11. Industry or business _____

12. Name Jacob Schmitt

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

14. Maiden name Mary J. Pfeifer

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

16. (a) Informant L. A. Schmitt

(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 4 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. W. Laessel

(b) Address Brunswick, Mo.

19. (a) 4/13/40 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th.
year 1940 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 5, 1940
19 _____ to April 12 19 40
that I last saw him alive on April 12 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death pulchral Haemorrhage - Epr.

Due to _____
Due to g. 2. 1

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

Major findings: Of operations None

Of autopsy None

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? 158

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

23. Signature William T. Hyatt (M. D. or other) _____

Address Brunswick, Mo. Date signed April 14, 40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-13-40

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

R. M. Marshall

Licensed Embalmer No.

823

P. O. Address

Brimmick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.