

FILED AUG 14 1940

Registration District No. 29

Primary Registration District No. 5077

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural - Holkhart Twp
(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 _____ (Specify whether)
In this community 44 years
years, months or days

3. (a) PRINT FULL NAME Thomas C. Schmehl
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dena Schmehl
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 27 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business Farmer

MOTHER FATHER
12. Name Conrad Schmehl
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Stock
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dena Schmehl
(b) Address Amoret Mo

17. (a) Burial (b) Date thereof 7-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cemetery

18. (a) Signature of funeral director Archer Mangold
(b) Address Fin's Tax & AM

19. (a) 7/24/40 (b) Merrill C. Ripper
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural
(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.? No years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1940 hour 10:15 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fall from wagon & wheels passed over body - causing
Interpel Hemorrhage,
fractured Right Clavicle,
fractured Right Arm,
laceration of scalp.
Due to _____
But to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 7/22/40
Of autopsy _____
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) Accident

(b) Date of occurrence July 22, 1940

(c) Where did injury occur? Amoret - (R.F.D.) Bates - Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm
(Specify type of place)

(e) Means of injury wagon, ran over
23. Signature Robert Smith, M.D. (M. D. or other) M.D.
Address Rich Hill, Mo Date signed 7/22/40

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

RECEIVED

District Health Officer No. 2

District File Number 8-40-1157

Date Filed 8-9-40

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.....

Lee A. Mangold

....., Registered Apprentice No.

working under my personal supervision.

Signed Lee A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.