

FILED APR 22 1942
Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fullon Mo
(c) Name of hospital or institution: State Hosp no 1 2
(d) Length of stay: In hospital or institution 28 Mo 1 Mo 18 Day
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mo State Penitentiary
(d) Street No. Jefferson City Mo.
(e) If foreign born, how long in U. S. A.? OK years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1942 hour 5 minute 10-P. M.

21. I hereby certify that I attended the deceased from March 26 1942 to March 27 1942
that I last saw him alive on March 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arterio Sclerosis

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature James Thomas (M. D. or _____)
Address State Hospital no Date signed 3/28/42

3. (a) PRINT FULL NAME

Joe Schmidt
3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 60 Months ? Days ? If less than one day hr. min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation OK
11. Industry or business OK
12. Name OK
13. Birthplace OK
14. Maiden name OK
15. Birthplace OK

16. (a) Informant Mo State Penitentiary
(b) Address Jefferson City Mo
17. (a) Removal (b) Date thereof 3 28 42
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. O. Roberts
(b) Address Columbia Mo
19. (a) 3-28-42 (b) James Macintosh
(Date received local registrar) (Registrar's signature)

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

714
2

014
1
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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, fact should be so stated above.