V. S. No. 2
50M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5935

State File No. 37776

Registrar's No. 386

1. PLACE OF DEATH:

(a) County: PETTIS

(b) City or town: RURAL SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. / SEDALIA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PETTIS 0

(c) City or town: RURAL SEDALIA 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. SEDALIA
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ELIZA SCHMIDT

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F.

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: FREDERICK SCHMIDT

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

7. Birth date of deceased: 9 (Month) 10 (Day) 1844 (Year)

8. AGE: Years 98 | Months 2 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: LAKE CREEK (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name: HENRY WOYMUTH
13. Birthplace: G (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name: KATHERINE HURD
15. Birthplace: (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: Drs. BOHLING
(b) Address: SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11 (Month) - 30 (Day) '42 (Year)
(c) Place: burial or cremation: Crown Hill - Sedalia

18. (a) Signature of funeral director: Gillespies
(b) Address: Sedalia Mo.

19. (a) 11/30/42 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1942 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Nov 24, 1942 to Nov 28, 1942 and that I last saw her alive on Nov 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute bronchitis — Duration

Due to: 106a

Due to: .....

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

Major findings:
Of operations: .....
Of autopsy: .....

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

23. Signature: Lord Bohling (M. D. or other)
Address: Sedalia Mo Date signed 11-30-42

102 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 12-7-42

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 L. E. Boulelin

Licensed Embalmer No. 9867

P. O. Address Sedalia 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, fact should be so stated above.