

S. No. 2
M-9-4-41
v. 5-17-39
X29484

38221

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 767

FILED DEC 31 1942

Registration District No. 324

Primary Registration District No. 6092

97
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0

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural - Grand Pass
(If outside city or town limits, write "RURAL" and name of township)

(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 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Mr. Bernard
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George John Schmidt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from investigated
the death, 19Nov. 3-, 1942

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

4. Sex Male 5. Color or race Wh.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Schmidt

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 21 1883
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

59 2 12 hr. min.

Other conditions (Include pregnancy within 3 months of death) J3a!

Major findings:
Of operations _____
Of autopsy No.

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

10. Usual occupation Carpenter

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business _____

12. Name Frank Carl Schmidt

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

14. Maiden name Marionella Hill

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

16. (a) Informant Estelle Schmidt

(b) Address Mr. Bernard Mr.

17. (a) Rural (b) Date thereof Nov 5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sal's Springs Cem.

18. (a) Signature of funeral director Campbell Harris

(b) Address Marshall Mr.

19. (a) Nov 4-42 (b) Mrs T.O. Westbrook
(Date received local registrar) (Registrar's signature)

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 P.L. Lawless Crane Saline Co.
Address Marshall Mr. Date signed 1-3-42

#10

1210

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-10-42

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 R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.