

FILED DEC 9 1943

Registration District No. 175

Primary Registration District No. 5650

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Verona Route 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
four west verona  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Verona Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Miles Southwest Verona  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann Schmidt

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Richard Schmidt 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 8, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Silas Rausch  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Klee  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Schmidt  
(b) Address Verona Mo., Route 1.

17. (a) Burial (b) Date thereof 11/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Cem, Verona

18. (a) Signature of funeral director Arson Marshall  
(b) Address Verona Mo.

19. (a) 11-17-43 (b) Eunice Irene King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th  
year 1943 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 1,  
1943, to Nov. 15<sup>th</sup>, 1943.  
that I last saw her alive on Nov. 15<sup>th</sup>, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death At  
Hemorrhage of Etriate  
Artery of Brain.  
Due to Hypertension.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_

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

23. Signature F. Avery Watson (M.D. or other) Dr.  
Address Verona, Missouri Date signed 11-17-43

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

RECEIVED

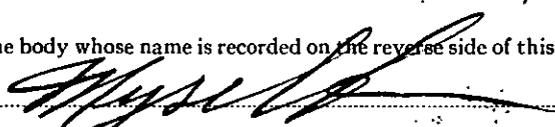
District Health Officer No. 6,

District File Number 1243-1322

Date Filed DEC 7 1943

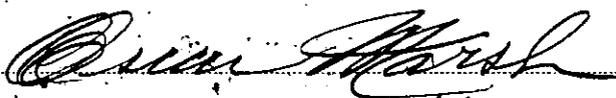
STATEMENT BY LICENSED EMBALMER

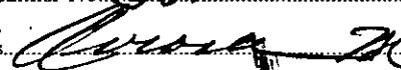
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

 Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

  
Licensed Embalmer No. 9812

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.