

State File No.

Registrar's No. 39

Registration District No. 2

Primary Registration District No. 5111

1. PLACE OF DEATH:

(a) County: BOLLINGER
(b) City or town: RURAL LIBERTY TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 60 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: BOLLINGER
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: NEAR WAFKIN, MO.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: ANNA SCHMITT

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: WIDOW

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

7. Birth date of deceased: Sept. 13 1863
(Month) (Day) (Year)

8. AGE: Years: 80 Months: 3 Days: 2 If less than one day: hr. min.

9. Birthplace: BOLLINGER CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation: HWY.

11. Industry or business:

MOTHER FATHER { 12. Name: WILLIAM ARNZEN
13. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant: HENRY SCHMITT

(b) Address: WAFKIN, MO.

17. (a) BURIAL (b) Date thereof: JAN. 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: LEOPOLD, MO.

18. (a) Signature of funeral director: BAKER FUNERAL HOME

(b) Address: LUTESVILLE, MO. 1005

19. (c) JAN. 2 1944 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JAN day: 3RD
year: 1944 hour: 1:00 minute: A. 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: Myocarditis
Duration:

Due to:

Due to:

Other conditions: 9281
(Include pregnancy within 3 months of death)

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?

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

23. Signature: J. C. Graham 5 coroner (M. D. or other)
Address: Lutesville, Mo. Date signed: 1-2-44

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

RECEIVED

District Health Officer No. 4
District File Number 244-3368
Date Filed 2-8-44

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md

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.