S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13854

FILED MAY 5 1944

Registration District No. 1909

Primary Registration District No. 1002

Registrar's No. 1764

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: St. Joesph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 403 East Armour
(If rural, give location)

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

If yes, name country: 7

48
2
0
0

3. (a) PRINT FULL NAME: Schmidt, Georgina

3. (b) If veteran, name war: no

3. (c) Social Security No. 487-05-2549

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 23 (Day) 1895 (Year)

8. AGE: Years 48 | Months 3 | Days ~~29~~ 28 | If less than one day: hr. min.

9. Birthplace: Munich, (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: Stenographer

11. Industry or business: John Clay Commission Co.

FATHER
12. Name: Dr. Christian Schmidt
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: Marie G. Kline
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Theodore Schmidt
(b) Address: Chicago, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 west 42nd Street

19. (a) 4-21-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: april day: 21 year: 1944 hour: 1 minute: 35 A.M.

21. I hereby certify that I attended the deceased from: April 19th, 1944 to: April 21, 1944 that I last saw her alive on: April 19th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon — Duration

Due to: Colostomy for

Due to: intestinal obstruction

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

Major findings:
Of operations: As above
Of autopsy: As above

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: V. T. Williams (M. D. or other)
By Maine Snowood, M.D. Date signed: 4-21-44
Pathologist, St. Joseph Hosp. K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

Schmidt, Georgia

Carcinoma of colon
— Colostomy for
intestinal [illegible]

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 As above, As above, Registered Apprentice No. ....., working under my personal supervision.

Signed M H Erwin

Licensed Embalmer No. 4352

P. O. Address Kans. City, 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.