

FILED MAY 29 1944

State File No.

Registration District No. 175

Primary Registration District No. 5650

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Verona Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1/2 mile South Verona MO
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 yr
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Verona Rural
 (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 William F Schmidt

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex M Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Virginia 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 31 1872
 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Christin Schmidt

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

14. Maiden name Madley Taylor

15. Birthplace Verona MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Virginia Schmidt

(b) Address Verona MO

17. (a) Burial (b) Date thereof 4/11/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sprague Cemetery

18. (a) Signature of funeral director Arthur Marshall

(b) Address Verona MO

19. (a) 4-11-44 (b) Cunice Green
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
 year 1944 hour 2:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from December
 _____, 1943, to April 7, 1944;
 that I last saw him alive on April 7, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cong. Heart Failure
undulant Fever

Other conditions (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?
 _____ (Specify type of place)
 While at work? _____ (c) Means of injury _____

23. Signature F. Avery Watson (M. D. or other) D.O.
 Address Verona, Mo. Date signed 4-11-44

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

MOTHER FATHER

1156

RECEIVED

District Health Officer No. 6,

File Number 544-610

Date Filed MAY 24 1944

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.....

Myself
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Brian Marshall*

Licensed Embalmer No. *3812*

P. O. Address *Brown 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.