S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3644

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Mo State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Marshall - 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Lulie T. Schmidt

3. (b) If veteran, name war ✓

3. (c) Social Security No. 479-20-0547

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife James S. Schmidt

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept (Month) 20 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	23	..... hr. ..... min.

9. Birthplace Ghent (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Attendent

11. Industry or business .....

FATHER
12. Name Joseph O'Neal
13. Birthplace Ghent (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Minnie Turner
15. Birthplace Ghent (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant James S. Schmidt
(b) Address Marshall Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 16 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Gentry Mo.

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo

19. (a) 1-14-47 (Date received local registrar) (b) Mrs T. O'Westhook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour 4 minute 35 A M.

21. I hereby certify that I attended the deceased from or the hour of death, 19..., to Jan 13 - 1947
that I last saw her alive on Jan 13 - 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	about 2 hrs.
Due to (?)	
Due to	
Other conditions Chronic arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 B
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? ..... (e) Means of injury 0

23. Signature R. O'Keeley (M. D. ~~or other~~)
Address Marshall - Mo Date signed 1/13/47

294 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-25-47

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 Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Mi

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.