

FILED MAY 5 1947

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville, Missouri.  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Higginsville, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1605 Main Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theo. W. Schmidt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Schmidt 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased December 29th 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name August Schmidt 4  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline S. Volker 4  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Schmidt  
(b) Address Higginsville, Missouri.

17. (a) Burial (b) Date thereof April 18 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Higginsville City Cem

18. (a) Signature of funeral director Asst. W. L. ...  
(b) Address Higginsville, Mo.

19. (a) April 18 - 47 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15,  
year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-11-41  
to 4-15-47  
that I last saw him alive on April 14, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration Sudden  
Due to Chronic myocarditis 3 yrs.  
Due to Involutional psychosis 7 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: (c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_  
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 E. M. ... (M. D. or other) \_\_\_\_\_  
Address Higginsville, Mo. Date signed 4-17-47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-2-47

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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. 4284

P. O. Address Higginsville, 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.