

FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16044

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Ignace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Marshall Blackburn
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRANK LOUIS SCHMIDT

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Schmidt 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 3 15 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Effingham, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Frank C Schmidt
13. Birthplace Proc Hanover, Germany (City, town, or county) (State or foreign country)
14. Maiden name Amata Hill
15. Birthplace Effingham Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Schmidt
(b) Address Blackburn Mo

17. (a) Burial (b) Date thereof 4-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Mo

18. (a) Signature of funeral director A. B. Brewer
(b) Address Alma Mo

19. (a) April 17-47 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1947 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from Apr. 13, 1947, to Apr. 15, 1947; that I last saw him in alive on Apr. 14, 1947; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Chronic intestinal obstruction
Carcinoma of recto-sigmoid

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: H. P.
Of operations _____
Of autopsy _____

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 A. B. Brewer (M. D. or other) 0
Address Marshall, Mo Date signed 4-17-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-2-47

MAY 28 1947

JUN 5 1947

MAY 6 1947

MAY 22 1947

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. 2696,
working under my personal supervision.

Signed Asst. Brewer

Licensed Embalmer No. 2696

P. O. Address Alma, 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.