

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37500**

FILED NOV 18 1947

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **242**

1. PLACE OF DEATH:

(a) County **COLE**
 (b) City or town **JEFFERSON CITY, MO.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
765 CLARK AVE.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community **22 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COLE**
 (c) City or town **JEFFERSON CITY**
(If outside city or town limits, write "RURAL")
 (d) Street No. **765 CLARK AVE.**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **JOHN SCHMIDT**

3. (b) If veteran, name war..... **NO**
 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MARY VELTROP SCHMIDT**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **DECEMBER 6, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	10	25	hr. min.

9. Birthplace **HANOVER GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business.....

12. Name **GERHARDT HERMAN SCHMIDT**
 13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
 14. Maiden name **UNKNOWN**
 15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **REV. G. H. SCHMIDT**
 (b) Address **LINN, MO.**

17. (a) **BURIAL** (b) Date thereof **11/4/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **SAGE BLVD. MO**

18. (a) Signature of funeral director **Sylvester Bull**
 (b) Address **JEFFERSON CITY, MO.**

19. (a) **11-1-47** (b) **R. P. Davis, M.D.**
(Data received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER 31, 1947**
 year **10** hour **P** minute **M**

21. I hereby certify that I attended the deceased from **Sept. 15, 1947, to Oct. 31, 1947**
 that I last saw him alive on **Oct. 31, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Coma

Due to **Arterolar Nephrosclerosis**
 Due to **General arteriosclerosis**

Other conditions **Demility**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **97**
 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?.....

While at work.....
(Specify type of place) (c) Means of injury

23. Signature **A. C. Corman** (M. D. or other) **M.D.**
 Address **Jefferson City, Mo.** Date signed **11/1/47**

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

6564

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-12-47

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.....

Melvin L. Janssens, Registered Apprentice No. *489*,
working under my personal supervision.

Signed..... *Sybiostris Dulle*

Licensed Embalmer No. *4321*

P. O. Address..... *Jaffron 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.