

FILED JAN 17 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44660

State File No. _____

Registration District No. _____

Primary Registration District No. 4545

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Webster
 (b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
 (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 x
(Specify whether years, months or days)
 In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster / 2
 (c) City or town Marshfield /
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME John Charles Schmidt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ratie Schmidt 6. (c) Age of husband or wife if alive x years

7. Birth date of deceased January - 3 - 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 15
If less than one day x hr. x min.

9. Birthplace Waterloo - Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown 9

13. Birthplace Unknown /
(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 Charles Schmidt (son)

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director Ferry J. J. J. J.

(b) Address Marshfield, Missouri

19. (a) 11/18/47 (b) Flauer
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
 year 1947 hour _____ minute _____ A.M.

21. I hereby certify that I attended the deceased from Several years
 from 1939 to Nov. 17, 1947;
 that I last saw him alive on November 17, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration Five minutes

Due to Arteriosclerosis - Genl - Severe Several Years

Due to _____

Other conditions Myocarditis - due to Coronary Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ 9/17
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) (e) Means of injury _____

23. Signature CP Waddoups (M. D. or other) MD

Address Marshfield, Mo. Date signed 11/18/47

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

RECEIVED

District Health Officer No. 0;

District File Number 148-70

Date Filed JAN 14 1948

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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 Alex Tainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Ma

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.