

Registration District No. 236

Primary Registration District No. 5219

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Morgan usage twsp.  
(b) City or town Versailles Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8 mi. So. Versailles 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 Yrs  
years, months or days

3. (a) PRINT FULL NAME Gertru de Schmidt

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

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl Schmidt  
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. 4th 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	0	6	hr. min.

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

10. Usual occupation Housewife

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

12. Name Jessie Owen

13. Birthplace Kansas City Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mae Flynn

15. Birthplace Jaakson Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl H. Schmidt

(b) Address Versailles, Mo.

17. (a) Removal (b) Date thereof Jan. 12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director W. F. Ashwell

(b) Address Versailles, Mo.

19. (a) 1-13-48 (b) J. F. Washburn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Morgan 71  
(c) City or town Versailles - Rural 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 mi. So. Versailles 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th  
year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from  
Nov. 4, 1947, to Jan. 10, 1948  
that I last saw her alive on Dec. 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Due to Atherosclerosis and Hypertension  
Duration years

Other conditions Chronic Cholecystitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1277  
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? 3

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Washburn (M.D. or other) DO  
Address Versailles, Mo. Date signed 1-13-48

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

MOTHER FATHER

JUN 20 1956

RECEIVED  
DISTRICT  
DISTRICT FILE NUMBER 12-47-3032  
Date Filed 6-19-56

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 *Gene D. Bartram*  
Licensed Embalmer No. *4021*  
P. O. Address *VERSAILLES, 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.