

FILED JAN 21 1948

2162

State File No.

Registrar's No. 2

Registration District No. 3/1

Primary Registration District No. 4456

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

1. PLACE OF DEATH: St Clair
 (a) County Appleton city, Mo.
 (b) City or town Appleton city, Mo.
 (c) Name of hospital or institution 247 East 2nd St
 (d) Length of stay: In hospital or institution At home
 In this community all her life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Clair
 (c) City or town Appleton city mo
 (d) Street No. 0
 (e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Priscilla Schmitt
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 16
 year 1948 hour 11 minute P.

4. Sex Fem 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife William Schmitt
 6. (c) Age of husband or wife if alive 17 years
 7. Birth date of deceased Oct 17 1862

21. I hereby certify that I attended the deceased from July 1 1944 to Jan 16 1948
 that I last saw her alive on Jan 16 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>29</u>	hr. min.

Immediate cause of death
Brocho pneumonia
Influenza
 Due to Artural sclerosis
Chronic nephritis
 Other conditions: 0

9. Birthplace St Clair Co Mo
 10. Usual occupation Housekeeping

Major findings: 313 P.
 Of operations 0
 Of autopsy 0

MOTHER FATHER

11. Industry or business 9
 12. Name William Bunch
 13. Birthplace No Record
 14. Maiden name Sarah Robinson
 15. Birthplace No Record

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 0
 (b) Date of occurrence 0
 (c) Where did injury occur? 0
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

16. (a) Informant Ralph Schmitt
 (b) Address Appleton City Mo
 17. (a) Burial (b) Date thereof Jan 19 1948
 (c) Place: burial or cremation Appleton city Cen
 18. (a) Signature of funeral director Frank Lee
 (b) Address Appleton city mo
 19. (a) Jan 17 48 (b) Mrs. Oles Abney

23. Signature R. L. Hansen (M. D. or other) MD
 Address Appleton city Date signed 1-17-48

APR 1 1949

Date Filed 1-21-48
District File Number 12-97-305-6
District Number 7

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.....
on the 17th day of Jan. 1948....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.