

300
0-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32744
Registrar's No. 217

Registration District No. 137

Primary Registration District No. 0504

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural Clinton R#5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clinton Hosp 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 all life
years, months or days

3. (a) PRINT FULL NAME FRANK FREDRICK 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 _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 2 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace HENRY CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business _____

MOTHER, FATHER {

12. Name Fredrick Schmidt 4

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Leifer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Schmidt

(b) Address Clinton mo RR#5

17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conradus Beck

(b) Address Clinton mo

19. (a) 10-25-48 (b) R. R. Kessner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from _____
_____ 19____
that I last saw _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion immediate
Due to _____

Due to _____

Other conditions Chronic Myocarditis 4 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 99

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? _____

(Specify type of place)
While at work _____ (e) Means of injury 3

Signature R. R. Kessner M. D. or other _____
Address Clinton Mo. Date signed 10/24/48

RECEIVED

District Health Officer No. 7,

District File Number 10-48-1263

Date Filed 11-2-48

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.