

FILED JAN 18 1949

State File No. _____

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 418

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(c) Name of hospital or institution:
710 Jackson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County: Macon
(c) City or town Macon
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Jackson St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Samuel Schmidt

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

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

6. (b) Name of husband or wife Mrs. Nellie A. Schmidt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>28</u>	hr. min.

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

10. Usual occupation Laundry owner

11. Industry or business _____

12. Name Louis Schmidt

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

14. Maiden name Elizabeth Sandusky

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

16. (a) Informant Mrs. C. S. Schmidt

(b) Address Macon, Missouri

17. (a) Burial (b) Date thereof 11/8/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood, Macon, Mo.

18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Mo.

19. (a) Jan 15-49 (b) Ruth McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November year 1948 hour Retrospectively minute 20
21. I hereby certify that I attended the deceased from Jan 11-1948 to Nov 5 1948
that I last saw h. _____ alive on Nov 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Death due to Myocardial
4 occlusion on Nov 5 1948
1st occlusion occurred
Jan 11-1948

Other conditions: 420
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy g4

Duration _____
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 0

23. Signature P. P. Donoway (M. D. or equivalent)
Address Macon Mo Date signed 1-13-49

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

2
5
9
7070

MAR 18 1949

MAR 18 1949

FEB 7 1949

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 *Albert Skinner*

Licensed Embalmer No. *737*

P. O. Address *Mason M*

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.