

Registration District No. 2 Primary Registration District No. 4200 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte
(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 _____ (Specify whether)
In this community 18 years
years, months or days

3. (a) PRINT FULL NAME Viola K. Schmidt 530

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John F. Schmidt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 14 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months I Days _____ If less than one day hr. _____ min. _____

9. Birthplace Marietta Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name William Casady
13. Birthplace Marietta Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Margret Clark
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola K. Schmidt
(b) Address La Monte Mo

17. (a) Bethel County (b) Date thereof 1 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

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

(b) Address La Monte Mo

19. (a) 1-15-40 (b) W. F. Parker 153
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town La Monte Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1936 to Jan 14 1940
that I last saw him alive on Jan 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd Stroke apoplexy Duration 5 days

Due to 1st Stroke Dec 31

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury M.D.

23. Signature W. E. Walker (M. D. or other) M.D.
Address La Monte Mo Date signed 1-15-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 2 1940

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.....

Paul M. Moore

Licensed Embalmer No. *3923*

P. O. Address.....

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, above space should be left blank.