

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

46406

1. PLACE OF DEATH

County Platte  
Township Weston  
City Weston (No. ....) St. .... Ward)

Registration District No. 698  
Primary Registration District No. 4470

File No. ....  
Registered No. ....

2. FULL NAME Merle Jane Schmollinger

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30 1907

First saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....., m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 30 7 24

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) Platte Co Mo  
11. Total time (years) spent in this occupation. ....

Homicide, shot through heart by a 32 caliber revolver in the hands of Samuel J. Schmollinger Date of onset

Other contributory causes of importance: 1/3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

Name of operation ..... Date of .....

13. NAME Dora Sewall

What test confirmed diagnosis? ..... Was there an autopsy? .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

15. MAIDEN NAME Una Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

17. INFORMANT Dora Sewall (ADDRESS) Platte City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City DATE 12/26 37

19. UNDERTAKER (ADDRESS) J N Powell Weston Mo

20. FILED 12/25 37 J N Powell Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Homicide Date of injury ..... 19.....

Where did injury occur? at home Weston Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify Coroner (Signed) LeRoy H. Francis Platte Co Mo (Address) Parkville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

