REC'D JUL 7 1938

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

22250
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette — Registration District No. 460
(b) Township Davis — Primary Registration District No. 5624-A — Registered No. 31
(c) City Higginsville — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William F. Schmidt 530
(a) Residence, No. 307 S 19 St. ☐ ST. Joseph Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linne Schmidt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-29-1878
7. AGE YEARS 59 MONTHS 10 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph - Mo.

FATHER
13. NAME Frederick Wm Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Elizabeth Schmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) ~~J. Harold Rowman~~ Hugh Adams 307 S 19th St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo DATE 6-21 1938
19. FUNERAL DIRECTOR (ADDRESS) Wolfer Minneshage Higginsville. Mo.
20. FILED June 28 1938 Tiffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18- 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-18- 1938, to 6-18- 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
(1) Crushed Rt. Chest — Date of onset
(2) Internal Hemorrhage
(Coroner case) 210 M — 6/18/38
Other contributory causes of importance:
Automobile - Collision
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-18, 1938
Where did injury occur? Hwy 40 + 13 Junc (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile - Collision
Nature of injury Crushed Chest + Internal Hemorrhage
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T B Nisker Coroner M. D.
413 (Address) Sonora Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Alfred H. Hoefer, Licensed Embalmer No. 2539 3

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy F. Wiegers-

L. E.

No. 2883 or by, Registered Apprentice No.

working under my personal supervision.

Hoefer & Meinershagen

Signed Alfred H. Hoefer

Licensed Embalmer No. 539

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)