

REC'D MAR 13 1939

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

5894
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 103
 (c) City St. Joseph (d) Street No. 1712 North 11th 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth?, yrs. mos. ds.

2. PRINT FULL NAME

Nora Pauline Schmitz

(a) Residence, No. 1712 North 11th, St. Joseph St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Frank Schmitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Thayer, Iowa

FATHER 13. NAME N. W. Green,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa

MOTHER 15. MAIDEN NAME Mary H. Peterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union County, Iowa

17. INFORMANT (ADDRESS) Mrs. Leslie Blauer, 1712 N. 11th, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE 2/3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer, 1302 Faraon St., St. Joseph, Mo.

20. FILED Feb 3 1939 A. J. Heerlebach 22 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1939

22. I HEREBY CERTIFY That I attended deceased from about July 1st 1938 to Feb 1st 1939

I last saw her alive on Feb 1st 1939 Death is said to have occurred on the date stated above, at 10:05 a.m.

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

Pulmonary Tuberculosis Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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? No
 If so, specify _____ (Signed) Herzback _____, M. D.
 (Address) King Hill Bldg.

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.

SEP 11 1944

STATEMENT BY LICENSED EMBALMER

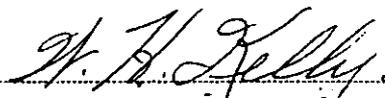
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Wilbur Kelly

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, 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, above space should be left blank.