REC'D MAY 18 1939

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

14705
Do not use this space.

1. PLACE OF DEATH
(a) County: Cooper — Registration District No.: 225
(b) Township or (c) City: Saline — Primary Registration District No.: 5306 — Registered No.: 6
(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: Mrs. Marie Deda Schmidt.
(a) Residence, No.: 530 St. (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: 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: Oscar Schmidt.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2nd 1895
7. AGE: Years 43 — Months 10 — Days 20 — If LESS than 1 day, ____ hrs. or ____ min.

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.: At Home.
10. Date deceased last worked at this occupation (month and year): April 22nd/1939
11. Total time (years) spent in this occupation: ____

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

FATHER
13. NAME: Wm. A. Friedrich.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Anna Grauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co., Mo.

17. INFORMANT (ADDRESS): Mrs. Atlas Brady. Boonville, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Walnut Grove — DATE: April 24th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Goodman & Boller. Boonville, Mo.
20. FILED: Apr 27 1939 — W. E. Hooper, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22nd 1939
22. I HEREBY CERTIFY, That I attended deceased from not attended, 19__, to ____, 19____
I last saw h__ alive on not seen alive, 19____. Death is said to have occurred on the date stated above, at about 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of skull due to automobile accident	April 22 1939

Other contributory causes of importance:

Name of operation: none — Date of: —
What test confirmed diagnosis? visual — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury: Apr 22, 1939
Where did injury occur? on Highway #98 7 miles East of Boonville Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: on a public highway
Manner of injury: Struck by a truck while driving car
Nature of injury: Compound fracture of skull and amputation of left arm above elbow.
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: ____
(Signed): J. C. Tincher M. D.
(Address): Boonville Mo — Coroner of Cooper County Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/24/39

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

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

If this body is not embalmed, above space should be left blank.