

REC'D JUN 14 1939

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

18100  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001  
(c) City St. Joseph, Mo. (d) Street No. Sister's Hospital 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.

Registered No. 544

2. PRINT FULL NAME Mattie Schmidt

(a) Residence, No. Rushville, Mo., Route 3 St.  Rushville, Mo., Route #3  
(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 Wife of Julius Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 4 23

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) Moroka, Indiana (STATE OR COUNTRY)

FATHER 13. NAME Louis Taylor

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Julius Schmidt (ADDRESS) Route 3, Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc. (ADDRESS) 1946 Calhoun, St. Joseph, Mo.

20. FILED May 25 1939 A. J. Neelbreich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to May 24, 1939  
I last saw h. alive on May 24, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Rt. Hemiplegia  
Cerebral Hemorrhage

Date of onset 5/14/39

Other contributory causes of importance:

arterio Sclerosis  
general

Name of operation none Date of             
What test confirmed diagnosis? May 25 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. J. Thompson, Jr., M. D.  
(Address) 825 Charles St. Joplin, Mo.

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.

**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

*Murphy Schaal*

Licensed Embalmer No. *3909*

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.**