

55 JUL 10 1939

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

21137
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. General 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 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. du.

2. PRINT FULL NAME Miss Anna Mary SCHMITT.

(a) Residence, No. 2506 East 27th St. 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>29</u>	<u>2</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer.

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) Chicago (STATE OR COUNTRY) Illinois.

FATHER

13. NAME Joseph Schmitt.

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

MOTHER

15. MAIDEN NAME Betty Duenbacher.

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

17. INFORMANT Joseph Schmitt (Father) (ADDRESS) 2506 East 27th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 6/12/39

19. FUNERAL DIRECTOR (NAME) Hellody-McGillev. (ADDRESS) K. C. Mo.

20. FILED June 12, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-39

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19.....

I last saw him alive Death is said to have occurred on the date stated above, at 7:10 P.M.

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

Lung poisoning
Pneumonia

Date of onset 10th

Other contributory causes of importance:

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..... Date of injury 6-6-39

Where did injury occur? K. C. Mo. (Specify city, 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..... (Signed) W. H. Miller M. D. (Address) San Diego, K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.