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.

36

FILED AUG 9 1939

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

25559
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 295
(b) Township Boone — Primary Registration District No. 32159 — Registered No. 39-file #3
or
(c) City ..... (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 Otto Henry Schmidt
(a) Residence, No. Spring Bluff 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: Male
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: Alva Lesette Schmidt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 2, 1869
7. AGE: Years 70 — Months 5 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farming
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): 1938
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Missouri 0

FATHER
13. NAME: Charles G. Schmidt 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Minnie Farvig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ralph Schmidt Spring Bluff
18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Peter Ev. Ch. DATE: 7-14-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. L. Oltmann Gerald, Missouri
20. FILED 7/13 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1939, to July 12, 1939
I last saw him alive on July 11, 1939. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
93C	
Other contributory causes of importance: Senility & Anemia	2

Name of operation None Date of
What test confirmed diagnosis? Physical 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) [signature] M. D.
(Address) Sullivan Mo

(Licensed Embalmer's Statement on Reverse Side)

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 E. L. Oltmann, Registered Apprentice No. 4054 working under my personal supervision.

Signed E. J. Oltmann

Licensed Embalmer No. 1686

P. O. Address

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

25559
Do not use this space.

1. PLACE OF DEATH
(a) County: Franklin — Registration District No.: ~~295~~ 1104
(b) Township: Boeme — Primary Registration District No.: 541SA — Registered No.: 39
(c) City: ..... (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: Otto Henry Schmidt
(a) Residence, No.: Spring Bluff St.
(Usual place of abode, if no street address, write country or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Alva Lenette Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farming
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): 1938
11. Total time (years) spent in this occupation: life

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

FATHER
13. NAME: Charles G. Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Minnie Hoerig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ralph Schmidt Spring Bluff

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Peters Cem. DATE: 7/14/39

19. FUNERAL DIRECTOR (ADDRESS): E. L. Altmann Gerald Missouri

20. FILED: 1-19 1940 Chas A. Schmidt Local Registrar

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	Date of onset
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Other contributory causes of importance: Senility + anemia

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

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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) R P Kaya, M. D.
(Address) Sullivan 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTAL

S-25559 - 1939