

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

39567
 Do not use this space.

DEC 1, 1939

1. PLACE OF DEATH

(a) County Harrison 2 Registration District No. 305
 (b) Township Canaan 1 Primary Registration District No. 5422 Registered No. 34
 (c) City _____ (d) Street No. _____ St. _____
 (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

(a) Residence, No. 536 Mary M. Schmidt St. (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 Wm H. Schmidt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17-1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 10 10
 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. Farm
 10. Date deceased last worked at this occupation (month and year) Nov. 1936 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern mo

13. NAME John F. Stukmrocker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drake mo

15. MAIDEN NAME Elizabeth Loeb

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

17. INFORMANT Wm H. Schmidt (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville, Mo. DATE Nov. 30, 1939

19. FUNERAL DIRECTOR J. P. Murray (ADDRESS) Owensville, Mo.

20. FILED 12-1-1939 Edith A. Bannister Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to November 27, 1939
 I last saw her alive on Nov. 27, 1939. Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Cystitis, chronic
 Date of onset 1937
1938
57

Other contributory causes of importance:
Malnutrition involving malabsorption
with possible malabsorption
to this date - in last 1 year

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Paul Bannister, M. D.
 (Address) Owensville, 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, Robert M. Murray, Licensed Embalmer No. 3749

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Chester Lassmann, Registered Apprentice No. 216
working under my personal supervision.

Signed Robert M. Murray
Licensed Embalmer No. 3749

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.)