

FILED FEB 2 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3307  
Registrar's No. \_\_\_\_\_

Registration District No. 6619 Primary Registration District No. 42000

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town La Monte  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 18 years  
years, months or days

3. (a) PRINT FULL NAME Viola K. Schmidt 530  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John F. Schmidt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 14 1862  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months I Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marietta Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Casady  
13. Birthplace Marietta Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Margret Clark  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernest J. Schmidt  
(b) Address La Monte Mo

17. (a) Bethel Cemetery (b) Date thereof 1 16 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director W. F. Parker  
(b) Address La Monte Mo

19. (a) 1-15-40 (b) W. F. Parker 653  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town La Monte Mo.  
(If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1936 to Jan 14 1940  
that I last saw her alive on Jan 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Int Stroke ofoplemy Duration 5 days

Due to Int Stroke Dec 31

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  Of operations   
 Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide   
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?  (Specify type of place) (e) Means of injury

23. Signature W. E. Walker (M. D. or other) M. D.  
Address La Monte Mo Date signed 1-15-40

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.

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**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.....

*Paul M. Moore*

Licensed Embalmer No. 3923

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.**