

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8324

MAR 19 1941  
Registration District No. 306

Primary Registration District No. 4485

Registrar's No.

## 1. PLACE OF DEATH:

- Schuyler
- (a) County Queen City Mo
- (b) City or town Queen City Mo  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_ (Specify whether
- In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Joe R. Schmid

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 341.10.372

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Wife Margie 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Nov. 15 1915  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 25 4 28 hr. min.

9. Birthplace Queen City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Mechanic

- MOTHER FATHER
12. Name R. Schmid
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Anna Pennington
15. Birthplace Missouri Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. Schmid
- (b) Address Queen City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.5.1941  
(Month) (Day) (Year)

- (c) Place: burial or cremation Queen City Mo
18. (a) Signature of funeral director Wm. M. West
- (b) Address Queen City Mo 114
19. (a) 3/4-41 (Date received local registrar) (b) Oliver B Jones deputy (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County Cook 991
- (c) City or town Chicago 11  
(If outside city or town limits, write "RURAL")
- (d) Street No. 0  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 9 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1941 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 25, 1941, to March 4, 1941;  
that I last saw him alive on March 4, 1941;  
and that death occurred on the date and hour stated above.

- Immediate cause of death Epistaxis Duration 3 days
- Due to Jaundice & secondary anemia - 30 days
- Due to Hodgkins disease

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations 44
- 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 (specify) \_\_\_\_\_
- (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. W. Lhr D.O. (M.D. or other) Y
- Address Queen City, Mo. Date signed 3/5/41

RECEIVED

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District Health Officer No.

District File Number 3-41-559

Date Filed MAR 10 1941

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 myself

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed Wm A West

Licensed Embalmer No. 2882

P. O. Address Queer City 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.