

Registration District No. 296

Primary Registration District No. 4180

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days (Specify whether _____)

8. (a) PRINT FULL NAME Albert Schmidt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 22, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Highland, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Nicholas Schmidt

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Meyer

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Christ Wiesandanger

(b) Address Union, Missouri

17. (a) Burial (b) Date thereof June 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Wm. Horn

(b) Address Union, Missouri

19. (a) 6-27-41 (b) Louis F. Howe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Union 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 6 minute 40 p.m.

21. I hereby certify that I attended the deceased from June 25, 1941, to June 27, 1941, that I last saw her alive on June 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Myocardica Duration _____

Due to Hypertension

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 472

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 (specify) _____
(b) Date of occurrence _____

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? _____

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

23. Signature Louis F. Howe (M. D. or other) MD

Address Union, Mo Date signed 7/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 3175

P. O. Address Union, 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.