

No. 2  
4-13-40  
-17-39  
X2315

State File No. ....

FILED AUG 15 1941

Registration District No. 590

Primary Registration District No. 4348

Registrar's No. 30

1. PLACE OF DEATH:  
 (a) County Montgomery  
 (b) City or town Mc Kittrick  
 (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 65 years \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME ISIDOR 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 Married

6. (b) Name of husband or wife Rosa Schmidt 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December 25, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Baden 4 Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Walter Schmidt

(b) Address Mc Kittrick, Missouri

17. (a) Burial (b) Date thereof July 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loutre Island Cemetery

18. (a) Signature of funeral director Hugo H. Blumer  
(b) Address Hermann, Missouri

19. (a) July 15 1941 (b) Blauche Scholten  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Montgomery  
 (c) City or town Mc Kittrick  
 (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.? 65 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 14 day  
1941 year 9:00 P.M. hour minute M.

21. I hereby certify that I attended the deceased from July 7, 1941  
19\_\_\_\_, to July 13, 1941, 19\_\_\_\_;  
that I last saw him alive on July 13, 1941, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage  
Duration 5 days

Due to \_\_\_\_\_

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 (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 F. J. Kessling (M. D. or other) \_\_\_\_\_  
Address Hermann, MO. Date signed 7-15-41

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

MOTHER FATHER

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*Hugo H. Blum*

..... Licensed Embalmer No. 3160 .....

..... P.O. Address Hermann, Missouri .....

**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, fact should be so stated above.**