

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **737**Registration District No. **1989**Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
325 Cypress ave. Kansas City, Mo. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community **30 years**
 years, months or days)

3. (a) PRINT **William F. Schmidt**
FULL NAME

3. (b) If veteran, name war **no**
 3. (c) Social Security No. **487-09-8515**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Carolyn Schmidt**
 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **January 23 1884**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 0 27 hr. min.

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

10. Usual occupation **Stock Clerk**11. Industry or business **Spalding A.G. & Brothers**

MOTHER FATHER
 12. Name **Ferdinand Schmidt**
 13. Birthplace **No record**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Louise Schultz**
 15. Birthplace **No record**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carolyn Schmidt**
 (b) Address **325 Cypress ave**

17. (a) **Burial** (b) Date thereof **Feb 21 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**18. (a) Signature of funeral director **Mrs. C.L. Forstar**(b) Address **918 Brooklyn ave**

19. (a) **Feb 22/42** (b) **M.M. Crow**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **325 Cypress ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **(No)**
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20**
 year **1942** hour **4:30 A.** minute **A.M.**

21. I hereby certify that I attended the deceased from **19** to **19**
 that I last saw him alive on **19**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **coronary occlusion**

Due to **arteriosclerosis of coronaries**
 Due to **94 a**

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy **coronary occlusion of left anterior coronary artery**

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)
 (a) Means of injury **3**
 23. Signature **Dr. J. W. Jones** (M. D. or other)
 Address **RC 740** Date signed **2/21/42**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Theron A. Redman*.....

Licensed Embalmer No. *2739*.....

P. O. Address *A. K. no*.....

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.