

FILED MAR 11 1942
Registration District No. **308**

Primary Registration District No. **3020**

Registrar's No. **31**

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

49
1
3

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Carthage**
(c) Name of hospital or institution:
413 Second St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 Years**
In this community **23 Years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **413 Second St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William Schmidle**
(b) If veteran, name war **None**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** 29th day **16** -
year **1942** hour **5:52** minute **A** M.
21. I hereby certify that I attended the deceased from
Dec 27 19**41** to **Feb 16** 19**42**
that I last saw him alive on **Feb 15** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **July 17 1862**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
Due to **Seizure**
Art. Sclerosis
Due to **Fracture Hip**
Other conditions (Include pregnancy within 3 months of death) **12/27/41**

8. AGE:	Years	Months	Days	If less than one day
	79	6	29	hr. min.

Major findings:
Of operations **Reduction Hip**
Of autopsy
Physician
Underline the cause to which death should be charged statistically.

9. Birthplace **Unknown Switzerland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Shoe Repairer**

11. Industry or business **None**

12. Name **Adam Schmidle**

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

14. Maiden name **Elizabeth Winnersterfor**

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

16. (a) Informant **Paul Schmidle**

(b) Address **413 Second St, Carthage Mo.**

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

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**
(b) Address **Carthage Mo.**

19. (a) **Feb. 17, 1942** (b) **Elizabelle Couplin**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Fall on Porch**
(b) Date of occurrence **12/27/41**
(c) Where did injury occur? **Home Carthage**
(City, town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Home - Fall on Porch
(Specify type of place)
While at work? **Means of injury**

23. Signature **E. B. Clugon** (M.D. or other) **M.D.**
Address **Carthage, Mo.** Date signed

1203

42-2-129

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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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, fact should be so stated above.