S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11627

Registration District No. 677 Primary Registration District No. 59074403 Registrar's No. 37

1. PLACE OF DEATH:
(a) County PHELPS
(b) City or town Rolla Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelle McFarland Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas 107
(c) City or town Sherrill
(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.? 1 years.

3. (a) PRINT FULL NAME John Schmickle
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Ann
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 10 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	7	— hr. — min.

9. Birthplace Taney Co (City, town, or county) 1 Wisconsin (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Daniel Schmickle
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Miller
15. Birthplace Nat 15 Nowr 9 (City, town, or county) (State or foreign country)
16. (a) Informant Wilma Mae Schmickle
(b) Address Sherrill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hutcheson Cem. Texas Co
18. (a) Signature of funeral director Smith & Ferguson
(b) Address Licking Mo
19. (a) 3/17/42 (Date received local registrar) (b) Nelle Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1942 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from March 11, 1942, to March 17, 1942
that I last saw him alive on March 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation
Due to
Due to Nephritis (interstitial)
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Rolla, Mo Date signed 3-17-42

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.