

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21045

State File No. ....

FILED JUL 14 1943

53

Primary Registration District No. 3011

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs. years, months or days

3. (a) PRINT FULL NAME Fred Schmuck  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 13 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER {  
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 August Grimes

(b) Address Wakenda, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley  
(b) Address Carrollton Mo

19. (a) 6-11-1943 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. S. Main (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Apr. 1943 to June 10<sup>th</sup> 1943  
that I last saw him alive on 6-10-43 and that death occurred on the date and hour stated above.

Immediate cause of death Angina  
Pectoris

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

Other conditions (Include pregnancy within 3 months of death) 94 P

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 W.G. Alwood (M. D. or other) \_\_\_\_\_  
Address Carrollton Mo Date signed 6/14/43

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

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

11. 63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 7-13-43

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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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.