

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

FILED OCT 2 - 1943 18

Registration District No.

Primary Registration District No. 20.77

Registrar's No.

1. PLACE OF DEATH

(a) County Bates
 (b) City or town rural Charlotte twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
 (c) City or town rural Charlotte twp
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME L. VINE SCHMIDT

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife J. Schmidt 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased.
(Month) (Day) (Year)

8. AGE: Years 61 Months - Days - If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
 12. Name John H. Donovan
 13. Birthplace East View 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lyla Bain
 15. Birthplace East View 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Donovan
 (b) Address Butler Mo
 17. (a) buried (b) Date thereof Aug 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Virginia
 18. (a) Signature of funeral director Carlisle
 (b) Address Butler Mo
 19. (a) Aug 13 - 1943 (b) Viola L. Sills
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
 year 1943 hour 9:10 minute 0 A. M.
 21. I hereby certify that I attended the deceased from Aug 11 1943
 to Aug 12 1943
 that I last saw her alive on Aug 11 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 93d

Other conditions (including pregnancy within 3 months of death)

Major findings: Chronic Hypertension
 Of operations Heart Disease

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) (b) Means of injury —

23. Signature Chas. A. Luck Jr. (M. D. or other)
 Address Butler Mo Date signed Aug 13 43

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

Handwritten notes at top left.

Handwritten notes at top right.

SEP 25 1958

7 NINE 261101

RECEIVED

District Health Officer No. 7,

District File Number 9-43-949

Date Filed 8/21 10-1-43

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.

..... ing under my personal supervision.

Signed.....

991 21
..... Licensed Embalmer No. 2576

P. O. Address..... Butler, 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.