

FILED OCT 20 1943

Registration District No. 2

Primary Registration District No. 5015

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town "Rural" Lincoln
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 mi. No. West Amazonia, Mo. / R.R.#1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town "Rural" Lincoln
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi. No. West Amazonia, Mo.
(If rural, give location)

(e) Citizen of foreign country? no Naturalized 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADOLPH SCHMIDT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Anna Schmidt

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>6</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Carl Schmidt

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Adolph Schmidt, Jr.

(b) Address R.R.#1 Amazonia, Mo.

17. (a) burial (b) Date thereof 9/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Places burial or cremation St. John Reformed Cem.

18. (a) Signature of funeral director Heaton, Biber & Bowman

(b) Address 319 South 10th

19. (a) 9/9/43 (b) F.H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1943 hour 2 minute 30P M.

21. I hereby certify that I attended the deceased from June 1
1943 to Sept. 8, 1943
that I last saw him alive on September 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency, also interstitial nephritis

Due to _____

Due to _____

Other conditions 12/a
(Include pregnancy within 3 months of death)

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 Ralph R. Kelley (M. D. or other) _____

Address Savannah, Mo. Date signed 9/9/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

0020

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 Frank J. Bowmay

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.