

FILED JAN 11 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1044

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
449 W. Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 449 W. Webster
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matthew A. Schmidtlein

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Schmidtlein 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased May 7 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Frisco Shops

12. Name Peter Schmidtlein

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

14. Maiden name Elizabeth Bellendier

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

16. (a) Informant Matthew A. Schmidtlein Jr.

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-23-43 (b) Dr. W.B. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1943 hour 10 minute 25 p.m.

21. I hereby certify that I attended the deceased from 1942
19 10/21/43 to 11/27/43

that I last saw him alive on 11/27/43 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric carcinoma Duration 1 1/2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(c) Means of injury _____

23. Signature Dr. W.B. Handley (M. D. or other) MA
Address Springfield, Mo. Date signed 12/22/43

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

MOTHER FATHER

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

Walter E. Hamillan

Licensed Embalmer No.

3805

P. O. Address

Springfield, 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.

X