

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

FILED FEB 24 1944

Registration District No. 3439

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Marys 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Case 19

(c) City or town Pleasant Hill, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Arlo R. Schmoll

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex female / race white

5. Color or race white

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

6. (b) Name of husband or wife Ray Schmoll

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec 28, 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 16 Days 16
If less than one day hr. min.

9. Birthplace Strasburg Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business W.S. Boice

MOTHER FATHER { 12. Name Jefferson City Mo. 0

13. Birthplace Jefferson City Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Epple

15. Birthplace Jefferson City Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Schmoll

(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 1-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg Mo.

18. (a) Signature of funeral director A.W. Brownfield

(b) Address Pleasant Hill Mo.

19. Jan 14, 1944 (Date received local registrar) J. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14 year 44 hour 4:08 minute PM

21. I hereby certify that I attended the deceased from 9/8/42 to 1/14 44.

that I last saw her alive on 11/13/44 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis since 1942

Due to 650

Due to 650

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

Major findings: Of operations.....

Of autopsy Chronic findings

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 1/14/44

23. Signature J. E. Eld (M.D. Day or Night) 3

Address Keom Date signed.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Placenta Hill*.....

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.