

FILED APR 10 1944
Registration District No. 28

Primary Registration District No. 5465

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, file "RURAL" and name of township)

(c) Name of hospital or institution Greene County Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4, Greene Co. Farm
(If rural, give location)

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

3. (a) PRINT FULL NAME Nick Schmidt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1944 hour 4: minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 13, 1944 to March 31, 1944
that I last saw him alive on March 30, 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased 1896
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration _____

8. AGE: Years 48 Months unk. Days unk. If less than one day hr. _____ min. _____

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

Due to _____

Due to _____

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown unk.
(City, town, or county) (State or foreign country)

14. Maiden name unk.

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

Major findings: Of operations 93d

Of autopsy _____

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

16. (a) Informant Mr. Robinson
(b) Address Greene County Farm

17. (a) Burial (b) Date thereof April 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fresh Thiera
(b) Address 1100 B. Boonville, Mo.

19. (a) 4-3-44 (b) D. W. Halley
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury ☐

23. Signature James R. Amos (M. D. or other) M.D.
Address Springfield Mo. Date signed 3-31-44

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 Fred C. Thiem

Licensed Embalmer No. 2899

P. O. Address 1100 Bonville

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.

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