

S. No. 2
M-5-42
v. 5-17-39
9-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11375

State File No.

FILED MAR 18 1944

Registration District No. 383

Primary Registration District No. 3037563

Registrar's No. 36

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

1. PLACE OF DEATH

(a) County Lawrence

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

(c) Name of hospital or institution: Home Mt Vernon Inc
(If not in hospital or institution, write street number or location)

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

In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minna Schmidescamp

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st
year 1944 hour 11:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sep 10
1943 to Feb 21 1944

that I last saw her alive on Nov 26 1944
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Louis Schmidescamp 6. (c) Age of husband or wife if alive 11^{1/2} years

7. Birth date of deceased Aug 11th 1860
(Month) (Day) (Year)

Immediate cause of death Valvular heart disease

Due to Cause Unknown

Due to 928

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

Major findings: Of operations none

Of autopsy no

8. AGE: Years 83 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mr Westendick

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

14. Maiden name Unknown

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

16. (a) Informant Harry Schmidescamp

(b) Address Mt Vernon Mo

17. (a) Burial (b) Date thereof Feb 23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem Mt Vernon Mo

18. (a) Signature of funeral director H.D. Rossett

(b) Address Mt Vernon Mo

19. (a) 2-24-44 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature PA Holmick (M. D. or other) _____

Address Mt Vernon Date signed 2-23-44

1558

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 61

District File Number 344-325-

Date Filed MAR 15 1944

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon Wc

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.