No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20850

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2717

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3215 Karnes Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3215 Karnes Blvd. 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Estelle L. SCHMIDT.

3. (b) If veteran, name war None

3. (c) Social Security No. 486-01-4399

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 10th (Day) 1889 (Year)

8. AGE: Years 55 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Tipton (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Office Secrstary

11. Industry or business Michaels Law Firm.

FATHER
12. Name Peter J. Schmidt.
13. Birthplace Tipton (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Julia Becker.
15. Birthplace Tipton (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Ernest L. Schmidt.
(b) Address 3215 Karnes Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 6-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1944 hour 11 minute 4 50 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 8 hours

Due to

Due to Hypertension & Arteriosclerosis 2 yrs.

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

Major findings:
Of operations 94P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. John O. Stevens (M. D. or other)
Address 1402 Bryant Av. Date signed 6-28-44

861 (Licensed Embalmer's Statement on Reverse Side)

Dr. Skinner.
BRYANT Bldg.
1102 Grand

MAR 14 1945

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..... [signature]

Licensed Embalmer No. 2999

P. O. Address..... KC

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.