

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21788

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
OF THE CENSUS

FILED JUN 28 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 277

1. PLACE OF DEATH:  
(a) County Gasper  
(b) City or town Joplin, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonald  
(c) City or town Tiff City 60  
(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 MARY KATHERINE Schmidt  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May 27 day  
year 1944 hour 5:10 minute \_\_\_\_\_ M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Fred Schmidt  
6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Oct 26 1962  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-15 1944 to 5-27 1944  
that I last saw her alive on 5-15 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 7 Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Diabetes Hemiparesis of rt. foot  
Due to Diabetes Mellitus  
Due to \_\_\_\_\_

9. Birthplace CARTHAGE (Gasper) Mo. U  
(City, town, or county) (State or foreign country)  
10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) 61

11. Industry or business \_\_\_\_\_  
12. Name ISAAC Crossley  
13. Birthplace Mo. U  
(City, town, or county) (State or foreign country)  
14. Maiden name MANDY LANDERS  
15. Birthplace CARTHAGE (Mo. U)  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Eve Rett Schmidt  
(b) Address MIAMI, OKLA.  
17. (a) Removal (b) Date thereof 5-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Paul's  
18. (a) Signature of funeral director W. E. Groves  
(b) Address St. Paul's  
19. (a) 5-27-44 (b) Arthur J. ...  
(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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury F.M.D.  
23. Signature W. E. Groves (M. D. or other)  
Address Southwest City, Mo. Date signed 5-27-44

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

49  
2  
5

MOTHER FATHER

1067

44-6-487

150 8

alp

U.S. NO. 2  
FORM-243  
REV. 5-17-39  
DEPARTMENT OF COMMERCE  
BUREAU OF

**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 ME

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

Signed [Signature]

144-78 .. Licensed Embalmer No. 8413

P. O. Address Grave Oxla

**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.

144-78-73