

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27307
Registrar's No. 868

FILED SEP 5 1944
Registration District No. 42

Primary Registration District No. 000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3500 North 6th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 37 year s (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3500 North 6th.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mabel May Schmutzler
(b) If veteran, name war No
(c) Social Security No. None

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chris Schmutzler
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased September 19 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 12 hr. min.

9. Birthplace Marshalltown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name C. M. Kemplin
13. Birthplace Woodstock Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Honeywell
15. Birthplace Tama County Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Schmutzler
(b) Address 3500 No. 6th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/2/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Neischoffer
(b) Address 1502 Faraon, St. Joseph, Missouri.

19. (a) 9/1/44 (b) Helen J. Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 31st.
year 1944 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from 1st August
to 30 August 1944
that I last saw him alive on August 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Labor Pulmonary

Due to 108
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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?

While at work? (Specify type of place) (b) Means of injury

23. Signature Leior Hochmies (M. D. or other)
Address King Hill Bldg Date signed 9/1/44

DEC 22 1944

JAN 4 1952

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 *Elbert E. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.