

FILED OCT 24 1944

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Duchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp 9 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 997
(c) City or town Troy rural 5 miles S.E.
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles S.E. 14
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Otto Carl Schmidke

3. (b) If veteran, name war World War 1 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Corda Schmidtke 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb. 10 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 6 hr. min.

9. Birthplace Wathena Kansas rural 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Herrman Schmidtke

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Johannah Ruhnke

15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Corda Schmidtke

(b) Address Troy Kansas

17. (a) ~~burial~~ removal (b) Date thereof 10, 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
Lutheran Cemetery

(c) Place: burial or cremation Wathena, Kansas - rural

18. (a) Signature of funeral director E. J. Karr

(b) Address Troy Kansas

19. (a) 10/16/44 (b) Walter J. Guckler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1944 hour 5 minute 35 a. M.

21. I hereby certify that I attended the deceased from 10-1-44 to 10-16-44
that I last saw him alive on 10-15-44
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 2 days
Due to Operation for Cancer of colon 2 yrs

Other conditions 462
(Include pregnancy within 3 months of death)

Major findings: Cancer of descending colon
Of operations Colon
Of autopsy None

Duration

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) _____
(e) Means of injury _____

23. Signature Paul Jorgensen (M. D. or other) _____
Address St Joseph, Mo Date signed 10-16-44

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

NOV 29 1954
OCT 26 1954

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... *E. F. Karr*
Licensed Embalmer No. *Missouri 258*
P. O. Address... *Droy, Kansas*

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.