S. No. 2
1—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33915

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 335.

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 12 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau 11 (If outside city or town limits, write "RURAL")
(d) Street No. 102 N Blvd. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0 4

3. (a) PRINT FULL NAME JOSIE MAY SCHMIDT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 27 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
52	9	14	hr. min.

9. Birthplace OLD APPLETON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant GENE SCHMIDT
(b) Address 102 N. BLVD. Cape Girardeau, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation BAR RIDGE, Mo
18. (a) Signature of funeral director Paul Hackney
(b) Address CAPE GIRARDEAU, Mo
19. (a) 10-16-44 (Date received local registrar) (b) J. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th year 1944 hour 3:00 minute p M.
21. I hereby certify that I attended the deceased from Oct. 10, 1944, to Oct. 11, 1944; that I last saw her alive on Oct. 11, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Coronary
Due to Arterio Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 94a
Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address Cape Girardeau, Mo. Date signed 10/17/44

1014 (Licensed Embalmer's Statement on Reverse Side)

JAN 3 1955

RECEIVED
District Health Officer No. 4
District File Number 1144-4540
Date Filed 11-7-44

JAN 3 1955

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 Paul Hackney

Licensed Embalmer No. 3598

P. O. Address Cape Girardeau, Mo.

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.