

FILED NOV 2 1944

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Boonville
(If outside city or town limits, write "RURAL") 1
(d) Street No. 517 -4th. St.
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mrs. Louise Schmidt.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maximilian Schmidt 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September 18th 1867
(Month) (Day) (Year)

23. DATE OF DEATH: Month October day 18
year 1944 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec 7, 1944, to Oct 18, 1944
that I last saw her alive on _____ " " _____, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of the
and liver
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 77 Months 1 Days ✓ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

MOTHER FATHER { 12. Name Jacob Gmelich.
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Doris Mueller
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Schmidt.
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Oct. 20th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Woodman & Hollar
(b) Address Boonville, Mo.

19. (a) Oct 20-44 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 A. B. Custer (M. D. or other): Do.
Address Boonville, Mo. Date signed 10/19/44

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

RECEIVED

District Health Officer No. 8,

District File No. _____

Date Filed 11-1-44

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 J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.