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DEPARTMENT OF COMMERCE
BUREAU OF LOCAL CENSUS
FILED DEC 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38462

State File No. _____

Registration District No. 250

Primary Registration District No. 4373

Registrar's No. 78

1. PLACE OF DEATH:

(a) County RODAWAY

(b) City or town BARNARD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 78 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RODAWAY

(c) City or town BARNARD
(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 Minnie Jane Best Schmitt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1944 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Sept 10, 1944, to Nov 20, 1944
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife John Wesley Schmitt 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 1 1861
(Month) (Day) (Year)

Immediate cause of death Chronic Brights Disease Duration 24 yrs

8. AGE: Years 78 Months 7 Days 19 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Bolckow MO
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

12. Name ISSAC R. Best

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

14. Maiden name REBECCA ROBERTS

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

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 _____

16. (a) Informant Harry Schmitt

(b) Address Barnard mo

17. (a) B (b) Date thereof 11-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolckow MO

18. (a) Signature of funeral director E.C. Breit

(b) Address Waverly mo

19. (a) 11-21-44 (b) A.D. Barnett
(Date received local registrar) (Registrar's signature)

23. Signature A.D. Barnett (M. D. or other) _____

Address Waverly mo Date signed 11-21-44

12 (Licensed Embalmer's Statement on Reverse Side)

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

14
00

DEC 18 1944

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. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.