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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40346

Registrar's No. 5116

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 1151 E. 66th STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 50 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3 8

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1151 - EAST - 66TH STREET
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country GERMANY U

3. (a) PRINT FULL NAME CARL FERDINAND SCHMIDT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ELLA M. SCHMIDT

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MARCH (Month) 13 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	0	hr. min.

9. Birthplace CLINTONBERG (City, town, or county) 4 GERMANY (State or foreign country)

10. Usual occupation RETIRED 19 YEARS

11. Industry or business BLACKSMITH

FATHER
12. Name CARL SCHMIDT
13. Birthplace (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISE FRANKE
15. Birthplace (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant X Victor H. Schmidt,

(b) Address 5821 Virginia - K.C. Mo.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC-16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomers Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13TH year 1944 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1944, Dec 13, 1944 that I last saw him alive on Dec 13, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart Disease Mitral Regurgitation	3 years
Due to Loss Compensation Subacute Nephritis	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

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) no

(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 David B. Robinson (M. D. ~~mother~~)

Address 928 Prof Bldg KC Mo Date signed Dec 14 44

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1946

JAN 16 1946

926 Professional Bldg
12-4
Board of Health

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 H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.