S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20844

Primary Registration District No. 3043

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal ~~Maywood Mo Rural~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Luering Hospital ~~Hannibal~~ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Mo. (b) County Marion

(c) City or town Maywood Rural (If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles South Maywood (If rural, give location)

(e) Citizen of foreign country? Mo. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry H. Schmidt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Oct. (Month) 17 (Day) 1863 (Year)

8. AGE: Years 81 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 11 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ~~Unknown~~ None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Arch Funkenbusch

(b) Address Maywood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Hester Bables Cemetery

18. (a) Signature of funeral director A. H. Chambers

(b) Address Maywood Mo

19. (a) 5-9-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1945 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from April 23, 1945 to May 8, 1945 that I last saw him alive on May 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Jaundice Diabetes

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 61

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

23. Signature T. F. Roelle (M. D. or other) M D

Address Palmyra Mo. Date signed 5-9-45

1394

(Licensed Embalmer's Statement on Reverse Side)

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 A. H. Chambers

Licensed Embalmer No. 3766

P. O. Address Greenwood Md

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.