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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1946

State File No. 22583

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Andrew

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

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

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

In this community 53 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town near Savannah (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John Jessie Schmitt

3. (b) If veteran, name war ..... 3. (c) Social Security No. 202-03-5156

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

6. (b) Name of husband or wife Verna Edith Schmitt 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 13 (Day) 1892 (Year)

8. AGE: Years 53 Months 11 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business?

FATHER
12. Name John Wessley Schmitt
13. Birthplace Un Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Minnie Jane Best
15. Birthplace Un Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Verna Edith Schmitt
(b) Address Savannah Mo

17. (a) S Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo

19. (a) 6-25-46 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 1946 hour about minute 5 P. M.

21. I hereby certify that I attended the deceased from 6-23, 1946 to Suicide, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound through the right temple 22 rifle

Due to said to be in poor health

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164c

Of autopsy 22 bullet thrown brain

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) Suicide

(b) Date of occurrence 6-23-1946

(c) Where did injury occur? Savannah (City or town) Andrew (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at his home on farm in cellar (Specify type of place)

While at work? ..... (e) Means of injury

23. Signature R R Kelley Coroner Andrew Co (M. D. or other) Mo

Address Savannah Mo Date signed 6-24-46

(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 E. C. Brent

Licensed Embalmer No. 2630

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.