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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36723

Primary Registration District No. 5466

Registrar's No. 939

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

9

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town S. Campbell - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months 7 days (Specify whether
In this community 5 months 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1127 East 83rd St. Terrace 8
(If rural, give location)

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

If yes, name country Mexico

3. (a) PRINT FULL NAME Samuel SCHMIDTBERGER #5715-H

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Louise (?) Schmidtberger

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

7. Birth date of deceased December (Month) 24 (Day) 1890 (Year)

8. AGE: Years 55 | Months 10 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Hamburg (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Practicing Medicine

11. Industry or business

FATHER
12. Name Louis Schmidtberger
13. Birthplace Hamburg (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mollie Lieberman
15. Birthplace Hamburg (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ? (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address Springfield, Missouri

19. (a) 11-25-46 (Date received local registrar) (b) W G Hawley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1946 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 15, 1946, 1946, to November 22, 1946
that I last saw him alive on November 22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis, terminal	Immed.
Due to Arteriosclerotic heart disease	more than 4 yrs
Due to Diabetes mellitus Approx.	9 yrs.
Other conditions (Include pregnancy within 3 months of death) Hernioplasty, inguinal, rt. with threatened strangulation of bowel (post oper.	48 hrs)

Major findings:
Of operations
Of autopsy

122A

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 0

23. Signature E W Moreland (M. D. ~~XXXXX~~)
Address Medical Center, Fed. Pris. Date signed 11-25-46

(Licensed Embalmer's Statement on Reverse Side) Springfield, Missouri

APR 12 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.