

FILED DEC 30 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

40393

Registration District No. 139

Primary Registration District No. 5730

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Holt
 (b) City or town Rural Benton Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mound City Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Wanda Lea Schmidt.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / White 5. (a) Single 1 Married 0
 divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Nov. 6th, 1946.
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 8 _____ hr. _____ min.9. Birthplace Craig Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Baby.11. Industry or business Edward Carl Schmidt.12. Name Edward Carl Schmidt.13. Birthplace Nebraska
 (City, town, or county) (State or foreign country)14. Maiden name Pearl Boyd.15. Birthplace Mound City, Missouri.
 (City, town, or county) (State or foreign country)16. (a) Informant Edward Carl Schmidt.(b) Address Craig Mo.17. (a) Burial (b) Date thereof 12/16/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
Benton Cemetery.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. Crawford
Mound City Mo.

(b) Address _____

19. (a) Dec 21 (b) Jeremy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
 (c) City or town Mound City Rural. Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) No.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December, 14th
 year 1946 hour 3 minute P M.21. I hereby certify that I attended the deceased from Dec 11
11, 1946 to Dec 14, 1946
 that I last saw him alive on Dec 14, 1946
 and that death occurred on the date and hour stated above.Immediate cause of death Branchial
Pneumonia 9 days
 Duration

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: 107
 Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. Perry (M. D. or other) MDAddress: Mound City Mo. Date signed 12/16/46

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

[Handwritten Signature]

Licensed Embalmer No. *1824*

P. O. Address *Grand City 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.