

S. No. 2
M-8-43
5-17-39
X37822

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41164

State File No. _____

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution Tru. Co.
(If not in hospital or institution, write street number or location)

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

In this community 45 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

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

(d) Street No. Tru. Co.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN B. SCHMIDT

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

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

6. (b) Name of husband or wife Carrie Blewins 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug 2 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1946 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from _____, 1946, to Nov 19, 1946
that I last saw him alive on Nov 19, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St Charles MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Lupold Schmidt 14
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Miss Carrie Schmidt
(b) Address Luxington, Mo

17. (a) Burial (b) Date thereof 11-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, Mo

18. (a) Signature of funeral director James J. Murphy
(b) Address Luxington, Mo

19. (a) 15 Dec 46 (b) Thomas E. Emmerich
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94A

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) _____

(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 0

23. Signature John W. Ward M.D. (M. D. or other)
Address Luxington, Mo Date signed 11/19/46

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-28-46

ward

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 *Geo. McKeane*

Licensed Embalmer No. 2983

P. O. Address *Leungton Ave*

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.