S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 737

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gerald, Mo. Rural Lyon
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Entire life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. Gerald, Mo R.F.D.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN HENRY SCHMIDT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Charlotte Schmidt

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 24 (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Gerald, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business --

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

MOTHER
14. Maiden name Marie Flottmann
15. Birthplace Gerald, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Schmidt
(b) Address Gerald, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, '47 (Month) (Day) (Year)
(c) Place: burial or cremation Stone Church, Gerald

18. (a) Signature of funeral director Ernst L. Oltmann
(b) Address Gerald, Missouri

19. (a) 1-11-47 (Date received local registrar) (b) G L Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1947 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from ..... 1944 to Jan 8, 1947
that I last saw him alive on Jan 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 min
Due to Coronary Artery Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94A

Major findings:
Of operations No Autopsy
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles A Schmidt (M. D. or other) M.D.
Address Gerald Mo Date signed 1-10-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number
Date Filed 2-10-47

MAY 5 1948

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 Ernst L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.