

S. No. 2
DM-8-43
V. 5-17-39
X37823

FILED MAY 8 1947

Registration District No. 11947

Primary Registration District No. 5442

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Richland Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mi. North of Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 84 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi. North of Pershing
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK NICHOLUS SCHMITT

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug 1 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Schmitt

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

14. Maiden name Katherine Guthier

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

16. (a) Informant Mrs. Mary Kelly

(b) Address Pershing, Mo

17. (a) Burial (b) Date thereof 4-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Ev & Ref. Cemetery

18. (a) Signature of funeral director Nugost Stamer

(b) Address Hermann, Mo

19. (a) 4/18/48 (b) Orlando A. Mudd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10
2 1947 to April 16, 1947;
that I last saw him alive on April 10, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration 2 WKS

Due to POST OPERATIVE - 3 WEEKS

Due to BENIGN PROSTATIC HYPERTROPHY 15 YRS

Other conditions GENERAL SENILITY
(Include pregnancy within 3 months of death)

Major findings: BPH - 109H
Of operations _____

Of autopsy NONE

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

Signature Carvel T. Shaw, M.D. (M. D. or other)

Address Hermann, Mo Date signed 4-17-47

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

MOTHER FATHER

Date Filed *5-7-47*

District File Number

District Health Officer No. 9,

RECEIVED

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..... *Hugot D. Dummer*

Licensed Embalmer No. *3160*

P. O. Address..... *Hermann, 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.