DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13652

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1958

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 900½ East 15 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 900½ East 15 (If rural, give location) 8
(e) Citizen of foreign country? U.S.A. (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Mary-Ellen-Schmitz
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John J. Schmitz
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug (Month) Unknown (Day) 19-1856 (Year)
8. AGE: About 89 Years 89 Months 8 Days 11 If less than one day ✓ hr. ✓ min.
9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: James Goodwin
12. Name: James Goodman
13. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name: Katherine Wagoner
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Jacob Schmitz
(b) Address: 900½ East 15
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet - St Jos. Mo
18. (a) Signature of funeral director: A. P. Doehler
(b) Address: 1415 East 15
19. (a) 5-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30 year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 932	

Major findings:
Of operations: ____
Of autopsy: ____
Anatomy & Surgeon

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: 3
23. Signature: [illegible] (M. D. or coroner) Coron
Address: 1424 [illegible] Date signed: 5-1-47

Corr. 1-1-47 Hilmer Schmitz Brother FATHER

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1947

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1958

On this 23rd day of June, 1947, before me appears Mrs. Gertrude L. Pioch, who, upon her oath, states that the original record of ~~birth~~ death for Mary Ellen Schmitz, ~~born~~ died 5-1, 1947, in the State of Missouri, and which was filed at Kansas City, Mo. on 5-1, 1947 should be corrected as follows:

Item No. 7 should read August 19, 1866
Instead of August 19, 1857

Item No. 8 should read 80-8-11
Instead of 89-8-11

Item No. 12 should read James Goodwin
Instead of James Goodman

Item No. 14 should read Katherine Wonderly
Instead of unknown

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gertrude L Pioch — Daughter
Relationship.

3991 LaSalle Ave.
Present Address.
Los Angeles, 37, California.

My Commission Expires June 11, 1950

Subscribed and sworn to before me this 23rd day of June, 1947.

My Commission expires ..... John F Berrisford Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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