

V. S. No. 2  
 FORM—5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 17718  
 Registrar's No. 145

FILED MAY 22 1947

Registration District No. 146

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 1/2 months  
(Specify whether)

In this community 49 years  
years, months or days

3. (a) PRINT FULL NAME MRS. EMMA C. SCHMIDT

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife A. H. Schmidt

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

7. Birth date of deceased July 6, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>1</u>	hr. <u>0</u> min. <u>0</u>

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

10. Usual occupation Housewife.

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant A. H. Schmidt

(b) Address 415 W. Van Horn

17. (a) burial  
(Burial, cremation, or removal) (b) Date thereof 5/10/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 5-11-47  
(Date received local registrar) (b) [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 415 W. Van Horn  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
 year 1947 hour 3:50 minute A M.

21. I hereby certify that I attended the deceased from March 10, 1947, to April 7, 1947  
 that I last saw her alive on April 6, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Several Carcinomas

Due to Carcinoma of descending Colon

Due to 1st

Other conditions First Metastasis left femur  
(Include pregnancy within 3 months of death)

Major findings: Small Pterocarys Pouch  
Blow to Box May 26, 1947  
Colo. tumor Sept. 12, 1946

PHYSICIAN [Signature]

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) accident

(b) Date of occurrence March 10, 1947

(c) Where did injury occur? Independence, Jackson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In her home  
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature [Signature] (M. D. or other) 0  
 Address \_\_\_\_\_ Date signed 5-8-47

MAY 27 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.....

*Charles F. Tyb*

Registered Apprentice No. *411*

working under my personal supervision.

Signed *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.