. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26889

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1026

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew

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

(d) Street No.: R.F.D. #1 Cosby, Mo.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Peter Schmith

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Sophia Louise Schmith

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: February (Month) 4 (Day) 1863 (Year)

8. AGE: Years 84 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Farming.

FATHER
12. Name: Nicholas Schmith
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Johanna Hinhardt
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Sophia L. Schmith
(b) Address: R.F.D. #1 Cosby, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 8-28-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Auguet day: 23rd year: 1947 hour: 10 minute: 20 A.M.

21. I hereby certify that I attended the deceased from February 7, 1947, to Aug. 23, 1947 that I last saw him alive on Aug 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease, Decompensated	
Due to: adenomatous goiter	
Due to: Arteriosclerosis, general	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 2
Of autopsy: 3 As above

PHYSICIAN — Underline the cause of 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? (c) Means of injury:

23. Signature: Louis G. Mudrofff M.D. (M. D. or other)

Address: 875 Charles St. St Joseph, Mo Date signed: 8/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Harrington

Licensed Embalmer No. 5258 Missouri

P. O. Address St. Joseph, 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.