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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7680

FILED MAR 25 1948
Registration District No. ..... Primary Registration District No. 3000 Registrar's No. 79

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Schuyler
(c) City or town: Lancaster Mo
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

98
0
0
1

3. (a) PRINT FULL NAME: Lewis Edward Schmid
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married divorced: Married
6. (b) Name ~~of husband or~~ wife: Carrie Schmid
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: September (Month) 5 (Day) 1877 (Year)

8. AGE: Years 70 Months 6 Days ..... If less than one day ..... hr. ..... min.

9. Birthplace: Schuyler (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Clothing Merchant
11. Industry or business: Clothing Merchant

FATHER
12. Name: Lou Schmid
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Schafer
15. Birthplace: Schuyler (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Mrs. Carrie Schmid
(b) Address: Lancaster, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ami Memorial
18. (a) Signature of funeral director: Burell Fenton
(b) Address: Lancaster, Mo.
19. (a) 3-14-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 5th year: 1948 hour: 2 minute: 00 P.M.

21. I hereby certify that I attended the deceased from: ~~March~~ Feb 16, 1948, to March, 1948; that I last saw him alive on ....., 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Cau~~ Myocardial failure sudden	few min
Due to: Auricular fibrillation	several days
Due to: Uremia & Prostatic obstruction	several weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Prostatic hypertrophy
Of autopsy: 951X

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) 0
While at work? ..... (e) Means of injury .....

23. Signature: George E. Gray (M. D. or other) MD
Address: Kirksville, Missouri Date signed: 3/11/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 3-48-56
MAR 23 1948
Date Filed

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 Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, M

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.