FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 744

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4234

State File No. 8552

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Iron

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

(c) Name of hospital or institution: St. Mary's Hospital
(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: 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Iron 47

(c) City or town: Rural 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 10 miles south east of Arcadia
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Anna Marie Schmitz

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: fem 1

5. Color or race: white

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

6. (b) Name of husband or wife: Clemens Schmitz

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: April (Month) 15 (Day) 1880 (Year)

8. AGE: Years 67 | Months 10 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business

MOTHER FATHER

12. Name: Casper Heverkamper 11

13. Birthplace: Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Neigenkamper 11

15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Schmitz

(b) Address: Arcadia Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Arcadia Missouri

18. (a) Signature of funeral director: White Funeral Home

(b) Address: R. White Ironton Missouri

19. (a) 3-13-48 (Date received local registrar) (b) Ava Jones (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 10 minute 11 A.M.

21. I hereby certify that I attended the deceased from Apr. 12, 1947, to March 5, 1948, that I last saw her alive on March 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	4 days
Due to: Chronic myocarditis	2 years
Atrial hypertrophy	
Due to: Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury

23. Signature: Bruce Bull (M. D. or other) M.D.

Address: Ironton, Mo. Date signed: 3-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 348-366

Date Filed 3-20-48

AUG 23 1958

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 Lucel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

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.