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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Parnell
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution ✓
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway 74
 (c) City or town Parnell 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Bernardine Schmitz
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 12
 year 1948 hour 1 minute 55 P. M.
 21. I hereby certify that I attended the deceased from Feb 14
 that I last saw him alive on 14 to 12 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death 2
bronchopneumonia

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive ✓ years 10
 7. Birth date of deceased: Nov. 10, 1946
(Month) (Day) (Year)

Duration 2 days
 Due to _____
 Due to _____
 Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____
 MOTHER-FATHER {
 12. Name Oscar E. Schmitz
 13. Birthplace Parnell Mo.
 14. Maiden name Mary L. Heflin
 15. Birthplace Ravenwood Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 107
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Oscar E. Schmitz
 (b) Address Parnell Mo.

17. (a) Burial (b) Date thereof 3-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem. Parnell
G. M. Atchison

18. (a) Signature of funeral director _____
 (b) Address Maryville, Mo.

19. (a) 3-13-48 (b) Bea Hultz
(Date received local registrar) (Registrar's signature)

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 0
 23. Signature W. C. Bauman (M. D. or other) MD
 Address 1314 Main Maryville Date signed 3/17/48

APR 30 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

G. M. Atkinson

Licensed Embalmer No. *3279*

P. O. Address *Maryville, 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.