

FILED JUL 23 1948

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Alma Rural
(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 _____

3. (a) PRINT FULL NAME Anna Schmidt,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife August W.F. Schmidt 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased November 2 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Concordia Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Claus Henning
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Olensehl
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schumacher
(b) Address Alma, Missouri

17. (a) Burial (b) Date thereof 7/16/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia, Missouri

18. (a) Signature of funeral director Alma H. Brewer
(b) Address Alma, Mo.

19. (a) July 16 1948 (b) Sidney F. Gray
(Date received local registrar) (Registry signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Apr. 24, 1948, to July 13, 1948;
that I last saw her alive on July 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Abdominal
nissa-

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 559
Of operations _____

Of autopsy none

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?

18. (a) Signature of funeral director _____ (Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature Alma H. Brewer M.D. (M. D. or other) _____
Address Marshall, Mo. Date signed 7-14-48.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-22-48

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 *Alfred*

A. N. Bremer
Licensed Embalmer No. 2696

P. O. Address *Alma 2nd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.