

Registration District No. 318 Primary Registration District No. 4460

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Rescoe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(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 Nona Schmidt

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 21 1890  
(Month) (Day) (Year)

8. AGE 53 Years Months 0 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Crutcher

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Freman

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

16. (a) Informant Iona Hays

(b) Address Kansas City Kansas

17. (a) Burial (b) Date thereof 10/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Goodrich Funeral Home

(b) Address Osceola Missouri

19. (a) 10/21/48 (b) Green Lawn Cemetery  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20  
year 1948 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h- - - alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation  
Head Scarf caught in washing  
machine wringer

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10/20/48

(c) Where did injury occur? Rescoe Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home while washing

While at work? yes (Specify type of place) (c) Means of injury neck

23. Signature Farrell B. Goodrich (M: D. or other) Coroner

Address Osceola Mo Date signed 10/21/48

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

RECEIVED  
District Health Officer No. 7  
District File Number 10-48-136  
Date Filed 11-24-48

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Asheville, N.C.

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.

2/14/51