

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23627

3244

48
3
8

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 5 DA	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Pleasant Hill		d. STREET ADDRESS (If rural, give location) RT #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTH EAST RESTORUM 5			d. STREET ADDRESS (If rural, give location) RT #1			
3. NAME OF DECEASED (Type or Print) MARY M SCHMOLL			4. DATE OF DEATH (Month) (Day) (Year) JULY 25 49			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH APR. 6 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GUNN CITY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME HENRY DAHMAN		13b. MOTHER'S MAIDEN NAME MARY DUKALL		14. NAME OF HUSBAND OR WIFE JOHN C. SCHMOLL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ARCHIE SCHMOLL - PLEASANT HILL				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 1 week Unknown	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 7/21, 1949, to 7/25/49, 1949, that I last saw the deceased alive on 7/24, 1949 and that death occurred at 4:15 P.M., from the causes and on the date stated above.						
23a. SIGNATURE Helen M. Henry (Degree or title) Helen M. Henry 2 Do			23b. ADDRESS 225 Garfield		23c. DATE SIGNED 7/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-27-49	24c. NAME OF CEMETERY OR CREMATORY STALEY MOUND	24d. LOCATION (City, town, or county) (State) PLEASANT HILL, MO			
DATE REC'D BY LOCAL REG. 7-26-49	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Brownfield Pleasant Hill			

(Licensed Embalmer's Statement on Reverse Side)

920

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Glenn S. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address.....

Pleasant Hill

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.