

FILED NOV 13 1942
Registration District No. 25

Primary Registration District No. 60994479 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queen City
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Edith F. Schmitter

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 26
year 1942 hour 9 minute A. M.

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 3 Divorced

21. I hereby certify that I attended the deceased from Oct 18, 1942 to Oct 26, 1942 and that death occurred on the date and hour stated above.

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

Immediate cause of death not known

7. Birth date of deceased August 1 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 25 hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House Wife

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

12. Name John B. Snowbarger

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

14. Maiden name Katherine Figg

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

16. (a) Informant James E. Snowbarger
(b) Address Queen City Mo

17. (a) Burial (b) Date thereof Oct. 28, '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Germania Cemetery

18. (a) Signature of funeral director Wm M. Sells

(b) Address Queen City Mo.

19. (a) 10/27/1942 (b) Chas. Justice
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas. Justice (M. D. or other)
Address Queen City Date signed 10/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 11-42-2039

Date Filed NOV - 9 1942

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 my help

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm A West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34976

Registration District No. 325

Primary Registration District No. 4479

Registrar's No. _____

1. PLACE OF DEATH:

(a) County..... Schuyler
(b) City or town..... Acme City
(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 or location)
(d) Length of stay: In hospital or institution.....
(Specify whether _____)
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edith F. Schmitter

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced..... 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if _____

7. Birth date of deceased..... Aug 1 1899
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 20 (If less than one day, _____ min.)

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name..... (State or foreign country)

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1942 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. _____, 19____; Immediate cause of death..... Not known.

Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to 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?.....

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

23. Signature..... (M. D. or other)

Address..... Date signed.....

SUPPLEMENTARY

2000

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

MOTHER FATHER

1942
S-34976