

1938 NOV 22

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36938
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 806
(b) Township Franklin Primary Registration District No. 6051 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa Schmitter

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1862
7. AGE YEARS 76 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joyce /

FATHER 13. NAME Daniel Watsinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Hannah Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.

17. INFORMANT (ADDRESS) Will Schmitter
Queen City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Germany DATE Nov. 8 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morhead's
Lancaster Mo.

20. FILED Nov 10 1938 J.T. Jones G.O. Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1938, to Nov 1 1938
I last saw him alive on Nov 1 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
Other contributory causes of importance: old age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. P.E. Vaughn M.D.
(Address) Lancaster, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-576

Date Filed 11/16/38

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,

True Morehead, or by

Registered Apprentice No., working under my personal supervision.

Signed True Morehead

Licensed Embalmer No. 3731

P. O. Address Lancaster Pa

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, above space should be left blank.