

WHILE EXISTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

399

1002

37570

3657

1 PLACE OF DEATH  
County Jackson  
Township Kaw  
or  
Village  
or  
City Kansas City (NO. 4232 Prospect Ave St. Ward)

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

2 FULL NAME Emile Schoenmaker

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married  
WIDOWED OF, DIVORCED (Write the word)

6 DATE OF BIRTH July 31 1862  
(Month) (Day) (Year)

7 AGE 54 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work saloon-keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Belgium

10 NAME OF FATHER Louis Schoenmaker

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Belgium

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Belgium

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Leona Schoenmaker  
(Address) 4232 Prospect

15 Filed NOV - 3 1916 W. F. Miller Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 2 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 26, 1916, to Oct 2nd, 1916, that I last saw him alive on Oct 2nd, 1916, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH\* was as follows:  
Paraplegia ruptum Midd.  
Winnipeg, Minn.  
U.S.A.  
82 H (Duration) yrs. mos. ds. NO

CONTRIBUTORY Carcinoma of liver  
(Secondary) (Duration) yrs. mos. ds.

(Signed) Wm A. Harrison M. D.  
11/3 1916 (Address) Kansas City, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Forest Hill C. DATE OF BURIAL 11-4-1916

20 UNDERTAKER Caylor Bros ADDRESS 1401 main

