WRITE PLAINLY, 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

Do not use this space.

39889

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township K W — Primary Registration District No. 1 0 3 8 — Registered No. 4897
City Kansas City, Mo. (No. St Joseph Hospital St. Ward)

2. FULL NAME Adam Schumacksr
(a) Residence, No. 7012 Prospect St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Schumacker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1883

7. AGE: 49 YEARS — MONTHS: 5 — DAYS: 7 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 162
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) Geramny 10

FATHER
13. NAME Adam Schumacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Frank Maser 5770 Swope Pkwy

18. BURIAL, CREMATION, OR REMOVAL
PLACE St John's Cem DATE Dec 22 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Dec 21 1932 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932, to Dec, 1932
I last saw him alive on Dec, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Carinoma Liver — Date of onset
46E 466

Other contributory causes of importance: Unknown

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

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?
If so, specify
(Signed) John D Skinner, M. D.
(Address) 1402 Bryant

[illegible] Report - [illegible] 3:00