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.

SEC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2412 Indiana Ave. St. Ward)

File No. 5756
Registered No. 822

2. FULL NAME Mrs. Lena Mary SCHUMACHER 526
(a) Residence, No. 2412 Indiana Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 George Schumacher, Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1874.

7. AGE: YEARS 63 — MONTHS 5 — DAYS 0 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) GERMANY

FATHER
13. NAME Mr. Gaberdine
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) Mrs. Dolores Wilson, 5725 Indiana, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corder, Mo. DATE 2/16/38. 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley K. C. Mo.

20. FILED Feb 18 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ... 240p, 19... Death is said to have occurred on the date stated above ... m.
The principal cause of death and related causes of importance were as follows:
Traumatic thrombophlebitis right leg. Pulmonary embolism 18 hr
Other contributory causes of importance:
Date of onset

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/28/38
Where did injury occur? 2531 Waldron Kern (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell in basement injuring
Nature of injury his leg

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [illegible]