REC'D APR 17 1939

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

9713
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 1319
(c) City K. C. Mo. (d) Street No. 431 West 46th St. Terrace St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 5AD Mrs. Beryl Shumway
(a) Residence, No. 431 W. 46th St. Terrace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kenneth G. Shumway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1908
7. AGE: YEARS 31 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as 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): Mondobi, Wisconsin

FATHER
13. NAME: Dr. J. U. Leutscher 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland 7

MOTHER
15. MAIDEN NAME: Edith Booth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York 1

17. INFORMANT (ADDRESS): Kenneth G. Shumway, 431 W. 46th St. Terrace
18. BURIAL, CREMATION, OR REMOVAL: Wisconson
PLACE Milton Junction DATE Mar. 26, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John W. Wagner, Kansas City, Mo.
20. FILED Mar 26, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939, to March 26, 1939
I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 4 m.
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema
Cause unknown pending further investigation
N. M. O. 1116

Date of onset

Other contributory causes of importance:

Name of operation None 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? No 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) Paul C Platt, M. D.
(Address) 925 Argyle Bldg. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.