

DEC 13 1939

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

39359
Do not use this space.

1. PLACE OF DEATH
 (a) County Liberty Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5290 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred N yrs. - mos. - ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Damuel J. Schumacher
 (a) Residence, No. Liberty, Mo. R#3 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Allie Schumacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1875-

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>4</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dehnbach, Mo.

13. NAME Christopher Schumacher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Germany

15. MAIDEN NAME Mary Mullett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Germany

17. INFORMANT (ADDRESS) Mrs. Damuel J. Schumacher R#3, Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Restvale, Mo. DATE Nov 6-39

19. FUNERAL DIRECTOR (ADDRESS) Church - Archer St, Liberty, Mo

20. FILED 12-8, 1939 W.H. Schumacher Lib. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1939, to 11-3-39, 1939. I last saw him alive on 10-29, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m. The principal cause of death and related causes of importance were as follows:
Cerebral Artery Hemorrhage Date of onset 10-23-39

Other contributory causes of importance:
Hypertension 1925
Arteriosclerosis 1925

Name of operation _____ Date of _____
 What test confirmed diagnosis: Clinical Was there an autopsy? No

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) N.R. Schuhmacher, M. D.
 (Address) Liberty, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 3311
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar Archer

L. E.
No. 3311 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Edgar Archer
Licensed Embalmer No. 3311

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.)