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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21268

FILED JUL 1 1940

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 673

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 702 S. 19th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 57 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 702 S. 19th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Frances Josephine Schumacher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Schumacher

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December (Month) 12 (Day) 1874 (Year)

8. AGE: Years 65 | Months 6 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Evansville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

MOTHER FATHER

12. Name A. J. Bruner

13. Birthplace Bern (City, town, or county) Switzerland (State or foreign country)

14. Maiden name Catherine Schneider

15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Henry Schumacher

(b) Address 702 S. 19th Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Herman W. Schulte

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) June 20, 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1940. hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 25, 1940, to June 19, 1940, that I last saw her alive on June 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus from Personal Knowledge	
Due to: February 25-40 to June 19-40	4 MO
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation Carcinoma of Uterus Radium March 6-1940	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M. D. or other)

Address 109 [illegible] St. Joseph Mo. Date signed 6/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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

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