

1941
MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15499**

Registration District No. **0677**

Primary Registration District No. **4403**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County **Phelps**
 (b) City or town **Rolla**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Phelps**
 (c) City or town **Rolla Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1700 W. Pine**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Lucile Hannah Schuman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **White**

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

(b) Name of husband or wife **R. E. Schuman**

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

7. Birth date of deceased **Aug. 7 1900**
(Month) (Day) (Year)

8. AGE: Years **40** Months **8** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Fort Madison Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or Business

12. Name **C. E. Wilson**
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name **Henrietta Schaffer**
 15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. E. Schuman**

(b) Address **Rolla Mo**

17. (a) **Burial** (b) Date thereof **April 29, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla Mo**

18. (a) Signature of funeral director **Fuller Eden**

(b) Address **Rolla Mo**

19. (a) **April 29, 1941** (b) **Jos. F. Dyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27** year **1941** hour **11** minute **55** P. M.

21. I hereby certify that I attended the deceased from **4-1** _____, 1941, to **4-27** _____, 1941; that I last saw her alive on **4-27** _____, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma (metastatic) of the brain. Metastasis from carcinoma of the breast.**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **50**

Major findings: Of operations _____
 Of autopsy _____

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? **W/O**

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **E. E. Faid** (M. D. or other) **Faid**
 Address **Rolla Mo** Date signed **4-29-41**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 541686

Date Filed _____

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

S. L. [Signature]

Licensed Embalmer No. 3394

P. O. Address Rolla mo

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.)

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