No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5829

Registration District No. 8 | Primary Registration District No. 201 | Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Lincoln Rural Cole Township
(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 78 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton 8
(c) City or town Lincoln Rural 8
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 78 years.

3. (a) PRINT FULL NAME John H Schumaker

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 6

5. Color or race White

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

6. (b) Name of husband or wife Mrs Ida Schumaker

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 15th (Day) 1863 (Year)

8. AGE: Years 78 | Months 10 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Benton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Schumaker 11
13. Birthplace ____ (City, town, or county) Germany 1 (State or foreign country)

MOTHER
14. Maiden name Lulu Boerger ********
15. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Eva Hansen
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director E. L. Eickhoff
(b) Address Cole Camp Mo

19. (a) 2-12-1942 (Date received local registrar) (b) Sue Gelover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1942 hour 12 Noon minute ____ M.

21. I hereby certify that I attended the deceased from January, 1947, to Feb 10, 1942
that I last saw him alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to He had history of Angina Pectoris of about 2 yrs	2
Due to duration. He died suddenly + I saw him after death	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 Ha	
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 J. D. Bennett (M. D. or other) MD
Address Cole Camp, Mo Date signed 2-11-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 3-42-212
Date Filed 3-6-42

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 E. L. Eveloff

Licensed Embalmer No. 130

P. O. Address Cole County Mo

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

If this body is not embalmed, fact should be so stated above.