

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution:
2913 Holmes Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO
 In this community 51 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 2913 Holmes St.
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Charles Henry Shumaker
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17th
 year 1943 hour 7:15 minute A. M.

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alvira Shumaker
 6. (c) Age of husband or wife if alive 88 years
 7. Birth date of deceased June 25 1852
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-3-41
 that I last saw h was alive on 11-25-42
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary of
polio

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>28</u>	hr. min.

Due to 45c
 Due to

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

10. Usual occupation Retired

11. Industry or business Music Dealer

12. Name Jessie Shumaker

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

14. Maiden name Julia Williams

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

16. (a) Informant Mrs. Florence Whitty

(b) Address 2913 Holmes St., Kansas City, Mo

17. (a) Cremation (b) Date thereof 5-18-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-18-43 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
 (e) Means of injury
 23. Signature Charles D. Duvie (M. D. or other)
 Address 1524 P. J. Ave Day signed 5-17-1943

Dr. Chas. Denny

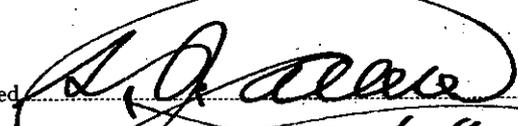
Prof.

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 Apprentices No.....
working under my personal supervision.

Signed



Licensed Embalmer No. *14155*

P. O. Address *15. E. 11th St.*

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, fact should be so stated above.