

FILED DEC 17 1943
Registration District No. 3052

Primary Registration District No. 3052

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mrs. Sophia Schumbcker

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female / 5. Color or white white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Moritz Schumacher 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased January 23rd 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Claus Bruns

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

14. Maiden name Catherine Goosen

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

16. (a) Informant Walter Schumacher

(b) Address Cole Camp Mo

17. (a) Burial Trinity Lutheran Cemetery
(Burial, cremation, or removal) (b) Date thereof Nov 9th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director E. L. Eickhoff

(b) Address Cole Camp Mo

19. (a) 11/9/43 (Date received local registrar) Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cole Camp
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1943 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from November 1, 1943, to November 6, 1943;
that I last saw h...er alive on November 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction from Carcinoma of rectum - sigmoid (inoperable) Duration 2 days
4 years

Due to _____
Due to H6d
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Adeno Carcinoma of right
Of operations gray - (removed) Carcinoma of
Of autopsy rectum and sigmoid - inoperable

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas DeHorne (M. D. or other) _____
Address Sedalia MO Date signed 11-6-43

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

664

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

12-14-43

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. Eberhoff*

Licensed Embalmer No. *730*

P. O. Address..... *Cole Camp 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, fact should be so stated above.