

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Brunswick  
(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 Missouri (b) County Chariton  
(c) City or town Brunswick 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Fred Schumacher

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, or  
6. (b) Name of husband or wife Wilhelmina Vogelvang 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Jan 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 3 16 hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Schumacher  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unkown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Kinkhorst  
(b) Address Denver Colo.

17. (a) Burial (b) Date thereof 4/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Indian Grove

18. (a) Signature of funeral director John H Meyer  
(b) Address Brunswick

19. (a) 4-18-1944 (b) P. L. Friesz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1944 hour 13 minute 10 a. M.

21. I hereby certify that I attended the deceased from 1935  
..... 19..... to 4/17/44 19.....  
that I last saw him alive on 4/17/44 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration

Due to .....

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

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? .....

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

While at work? .....

23. Signature John M. Nelson (M. D. or other)  
Address Brunswick Mo Date signed 4/17/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. B,

District File Number 055

Date Filed 5-8-47

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.....

*R.P. McCarry*

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.