S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20982

State File No.

FILED JUL 12 1945

Registration District No. 7 Primary Registration District No. 5881

Registrar's No.

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

600

1. PLACE OF DEATH:
(a) County: Osage
(b) City or town: Rural, Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gasconade River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Osage
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Gasconade River (Jeff Twp)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Freddie Louis 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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 2nd, 1931 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
14	2	10	hr. min.

9. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: Willie Schumacher
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Ann Haller
15. Birthplace: RichFountain, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Willie Schumacher
(b) Address: RichFountain, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation: RichFountain, Mo.
18. (a) Signature of funeral director: Clyde Morton
(b) Address: Box 144, Linn, Mo.
19. (a) 6-26-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th, year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Drowning, Accidential in Gasconade River — Duration
Due to:
Due to:
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): Accident
(b) Date of occurrence: June 12th, 1945
(c) Where did injury occur? in Gasconade River (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Gasconade River (Specify type of place)
While at work? No (e) Means of injury: Drowning
23. Signature: Clyde Morton Coroner (M. D. or other)
Address: Box 144, Linn, Mo. (Date signed)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 7-11-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.