

S. No. 2  
A-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED AUG 27 1946** STANDARD CERTIFICATE OF DEATH

State File No. **27350**  
**3543**  
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Marys Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **52 Hours**  
In this community **35 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank C. Schumacher**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **486-03-9021**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Marie M. Schumacher**  
6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **6 - 20 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62** **1** **26** hr. min.

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

10. Usual occupation **Truck Driver**

11. Industry or business **Texas Oil Company**

12. Name **Henry C. Schumacher**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Demars**

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

16. (a) Informant **Mrs. Marie M. Schumacher**

(b) Address **4328 Jarboe**

17. (a) **Burial** (b) Date thereof **8-19-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City, Missouri**

19. (a) **8-16-46** (b) **Walter Aldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4328 Jarboe**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **16th.**  
year **1946** hour **6** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **Aug 14** 19**46** to **Aug 16** 19**46**;  
that I last saw him alive on **Aug 16** 19**46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: **94a**  
(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? \_\_\_\_\_  
(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) Means of injury \_\_\_\_\_

23. Signature **Harry B. Carlen** (M. D. or other)

Address **318 Olive St** Date signed **8-16-46**

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

26190

Dr. Harry Cohan  
Argyle Bldg.

Ha 4226

1-4 pm  
J. J. J. J.

**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 Carlund Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

**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.**