

FILED NOV 18 1946

Registration District No. 110

Primary Registration District No. 3020

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Franklin.  
(b) City or town Washington.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 26 W. 6th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None.  
In this community 53 years.  
years, months or days

3. (a) PRINT FULL NAME George Henry Schuhmacher.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma M. Schuhmacher 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased October 6th, 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Pipe Mfg.

11. Industry or business X

MOTHER FATHER { 12. Name Henry Schuhmacher,  
13. Birthplace Hanover, Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Hanerken,  
15. Birthplace Amsterdam, Holland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma M. Schuhmacher  
(b) Address 26 W. 6th St., Washington, Mo.

17. (a) Burial (b) Date thereof Nov. 5, 1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Reberg & Vitt, Inc

(b) Address Washington, Mo.

19. (a) 11/4/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 26 W. 6th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st.  
year 1946 hour 1:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr. 4 - 1941  
1946, 1946, to November 1, 1946  
that I last saw him alive on November 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthema Duration 7 yrs

Due to don't know

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 112

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 D

23. Signature [Signature] (M. D. or other) D.O.  
Address Washington Mo. Date signed 11/2/46

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

Date Filed 11/2/46  
District File Number

District Health Officer No. 9  
RECEIVED

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 Lester A. Vitt  
Licensed Embalmer No. 3254  
P. O. Address Washington, 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.