

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
42
Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1000
Primary Registration District No.

39719
State File No.
Registrar's No. 1382

1. PLACE OF DEATH:
(a) County Greene
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town St. Joseph
(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 Mary Schumacher
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 14
year 1946 hour _____ minute 7 P M.
21. I hereby certify that I attended the deceased from Dec 14 1946 to Dec 14 1946
that I last saw her alive on Dec 14 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race negro
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Charles Schumacher 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 8, 1865
(Month) (Day) (Year)

Immediate cause of death Mega corditis Chv
Due to Smelly
Due to _____

8. AGE: Years 81 Months 8 Days 6 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Hardy Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business domestic

12. Name John Marshall

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

14. Maiden name Amy Greene

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

16. (a) Informant Mrs. Lillian White

(b) Address Laurens, Kan

17. (a) General (b) Date thereof Dec 14, 1946
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic (Kan)

18. (a) Signature of funeral director J. M. Allen

(b) Address Catholic (Kan)

19. (a) 12-16-46 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
930

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 J. M. Allen (M. D. or other) _____
Address Catholic (Kan) Date signed 12/14/46

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

MOTHER FATHER

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

John T. Miles

Licensed Embalmer No. *3446*

P. O. Address

Atchison, Kans

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.