

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

FILED JUN 11 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **211**

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
417 FULTON AVE
(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 Marion 64

(c) City or town Hannibal
(If outside city or town limits, write "RURAL") 3

(d) Street No. 421 FULTON AVE 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles F Schumm

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1947 hour _____ minute 10¹² a. M.

21. I hereby certify that I attended the deceased from Sept 10
1945 to April 19, 1947
that I last saw him alive on April 19, 1947
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 7, 1900
(Month) (Day) (Year)

Immediate cause of death: Bronchial Pneumonia 1 day
Duration _____

Due to: Pulmonary tuberculosis 2 yr.

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Hannibal MO
(City, town, or county) (State or foreign country)

10. Usual occupation Track Driver

11. Industry or business _____

12. Name Charles H. Schumm

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

14. Maiden name Marie Phaffex

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

16. (a) Informant Paul Schumm

(b) Address 417 Fulton Hannibal Mo

17. (a) Rural (b) Date thereof April 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVET Cem.

18. (a) Signature of general director James O. Lounsbury

(b) Address Hannibal Mo

19. (a) 6-2-47 (b) Dr E M Lusche
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 1313
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 2

23. Signature Glenn D. Miller (M. D. or other) 50

Address Hannibal Mo Date signed 4/29/47

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

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..... *H. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address. *Hannibal, 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.