S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41914

FILED JAN 2 1947

Registration District No. 1419

Primary Registration District No. 1002

Registrar's No. 5336

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 45 YEARS
years, months or days)

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. 1605 Oakley
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - - - - -

3. (a) PRINT FULL NAME George L. Schuchmann

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. EMMA SCHUCHMANN

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased AUGUST (Month) 12 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	5	hr. min.

9. Birthplace MEXICO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED 10 YEARS

11. Industry or business PULLMAN CONDUCTOR

FATHER
12. Name UNKNOWN SCHUCHMANN
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. EMMA SCHUCHMANN
(b) Address 1605 OAKLEY AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomb's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1947 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec. 14, 1947, to Dec. 17, 1947; that I last saw him alive on Dec. 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy None	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 12-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address K.C. 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.