OCT 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31554
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 2 Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3652
(c) City KANSAS CITY 1 (d) Street No. 1604- EAST-43 RD St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 255 MISS ANITA IRENE SCHUCHMAN
(a) Residence, No. 1604- EAST-43 RD St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-24-1916
7. AGE: YEARS 22 MONTHS 9 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ATTORNEY
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER
13. NAME CHARLES A. SCHUCHMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARLYSLE SPRINGS PENNSYLVANIA 1

MOTHER
15. MAIDEN NAME AMELIA BALTROCK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ABILENE KANSAS

17. INFORMANT (ADDRESS) MR. CHARLES A. SCHUCHMAN 1604- EAST-43 RD STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE SEPT-18 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401- BRUSH CREEK BLVD
20. FILED Sept 18 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-15 1939
22. I HEREBY CERTIFY, That I attended deceased from 9/15 1939, to 9/15-39, 19..
I last saw h.. alive on [illegible] 1939. Death is said to have occurred on the date stated above, at 7:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status lymphaticus	
Thymicus	
Failing heart	
Sudden death	

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. C. Rumsey, M. D.
(Address) 4937 Forest

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

80M-1-12-38 1 X14028

Argyle Bldg

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address.....

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, above space should be left blank.