

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

1682
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001
 or City St. Joseph Street No. 3140 S. 15th St.
 (c) Length of residence in city or town where death occurred 63 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? 63 yrs. - mos. - ds.
 2. PRINT FULL NAME Joseph Shummy
 (a) Residence, No. 3140 S. 15th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Shummy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1854.
 7. AGE YEARS 86 MONTHS 0 DAYS 3 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired (Plux)
 9. Industry or business in which work was done, as saw mill, bank, etc. Armour & Co.
 10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Unknown 7
 (STATE OR COUNTRY) Austria

FATHER 13. NAME Joseph Shummy 7

14. BIRTHPLACE (CITY OR TOWN) Unknown 7
 (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Austria

17. INFORMANT Mrs. Mary Kowalsky
 (ADDRESS) 2511 S. 15th Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent.
 PLACE St. Joseph, Mo. DATE Jan. 8, 1940

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan 6 1940 J. Nestle
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939 to Jan 4, 1940
 I last saw him alive on Jan 4, 1940. Death is said to have occurred on the date stated above, at 11:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration Date of onset 1-2-39
Myocardial insufficiency
93 C

Other contributory causes of importance:
Coronary occlusion
Coronary atherosclerosis
Essential hypertension

Name of operation ✓ Date of ✓
 What test confirmed diagnosis Ch.N. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ 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 Thomas Redwood, M. D.
 (Address) 328 Kirkpatrick Bldg

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.

FEB 11 1948

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 *Albert R. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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, above space should be left blank.