

FILED OCT 1 1942

State File No.

Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 654

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County Greene

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

(c) Name of hospital or institution 961 N. Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 961 N. Campbell
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CAROLINE SCHUMACHER

3. (b) If veteran, name war 790

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1942 hour 11:50 minute P.M.

4. Sex Female 5. Color of face white

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec. 20 187 years

7. Birth date of deceased: November 20 187
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug-15 to 9-8 1942 and that I last saw him or alive on 9-8-42 and that death occurred on the date and hour stated above.

8. AGE: Years 1 69 Months 9 Days 18 If less than one day hr. min.

Immediate cause of death Diabetes Mellitus not known

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 61

9. Birthplace Bellville Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business In Home

12. Name George Fapp

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

14. Maiden name Unknown

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

16. (a) Informant Bertha Schumacher

(b) Address 961 N. Campbell

17. (a) Buried (b) Date thereof Sept 10 - 1942
(Burial, cremation, or removal) (Month) (Year) (Year)

(c) Place: burial or cremation Bellview Cemetery

18. (a) Signature of funeral director W. H. Langner & Co

(b) Address Springfield, Mo.

19. (a) 9/11/42 (b) W. H. Langner (c) 6-1
(Date received local registrar) (Registrar's signature)

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 Wm. J. Langner M. D. or other _____
Address Springfield Mo Date signed 9/11/42

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

Roy A. Leamin

Licensed Embalmer No.

1763

P. O. Address

Springfield 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.