No. 2
5-42
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1289

Registration District No. FILED FEB 10 1943 Primary Registration District No. 1002 Registrar's No. 488

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 320 W 75" Street 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 320 West 75th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret A Redding

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 13 1868 (Month) (Day) (Year)

8. AGE: ~~72~~ 74 Years | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo A. Schumacher
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Heffer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Marie Posey

(b) Address 320 East 75

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Harlyn Roe

(b) Address 7406 Wornall

19. (a) Jan 31, 1943 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th year 1943 hour 12 minute 30 noon M.

21. I hereby certify that I attended the deceased from Jan 10th, 1942 to Jan 29, 1943 that I last saw her alive on Jan 29 - 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Uremic Comatose	8 hrs.
Due to Chronic Bulbar Paralysis	1 yr
Due to 82'	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 Dr. J. Lester Hall (M. D. or other) DO

Address 401 E 75th St. Date signed 1-30 3

(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 Harlyn Roe, Registered Apprentice No. ..... working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.