

S. No. 2
M-5-42
v. 5-17-39
I X32873

1660

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2420 South 11th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 31 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2420 South 11th. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emma Schoen,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry J. Schoen, 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 13th. 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 | 9 | 13 | hr. min.

9. Birthplace Buchanan County, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

12. Name William Schumacher,

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

14. Maiden name Anna Rammart,

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

16. (a) Informant Harry J. Schoen

(b) Address 2420 South 11th. Street, St Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery,

18. (a) Signature of funeral director Walter P. Bales & Brewman

(b) Address 319 So. 10th. Street, Hann

19. (a) 1-28-43 (Date received local registrar) (b) Arce Hegog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th.
year 1943 hour 3:00 minute 50 p. M.

21. I hereby certify that I attended the deceased from May 12 1942 to Jan. 7 6 1943
that I last saw her alive on Jan. 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Rt. Breast.
general arteriosclerosis.

Duration
18 Mon.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 50

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 J. J. Schroeder (M. D. or other) no

Address Kirkpatrick Bldg Date signed 1/27/43

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

MOTHER FATHER

1233

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 1/26/43, Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address 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, fact should be so stated above.