

18684
Dr. Monroe

State File No. _____
Registrar's No. 158

FILED JUN 7 1943
Registration District No. 274

Primary Registration District No. 5935

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 4 / Sedalia 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA RURAL
(If outside city or town limits, write "RURAL.")
(d) Street No. R.F.D. # 4 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA SCHUMAKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced OS

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

7. Birth date of deceased 12 15 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 25 hr. _____ min.

9. Birthplace COLE CAMP Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER

12. Name HENRY SCHUMAKER

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name ?

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. KEINERT

(b) Address SEDALIA RTE 4

17. (a) BURIAL (b) Date thereof 5 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 5/12/43 (b) Anna Schumaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10th
year 1943 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 9 1943 to May 10 1943
that I last saw him alive on May 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to arteriosclerosis
and cardiac degeneration

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 Dr. J. E. Thomas (M. D. or other) _____
Address 116 204 Sedalia Date signed 5-11-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

80
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-43

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 Geo Dillard
Licensed Embalmer No. 3868
P. O. Address Sudalia

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.