

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

1. PLACE OF DEATH:  
(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
642 E 15TH ST. 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 LIFE years, months or days

3. (a) PRINT FULL NAME ANNA M. SCHUMACHER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID. 2  
6. (b) Name of husband or wife FRED H. SCHUMACHER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAR 29 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BENTON CO. MO 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name JOHN HEISTERBERG #  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name ANNA GEFCKEN  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER SCHUMACHER  
(b) Address SEDALIA  
17. (a) BURIAL (b) Date thereof 12-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CROWN HILL  
18. (a) Signature of funeral director Geo. Hillard  
(b) Address Sedalia, Mo.  
19. (a) 12-28-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County PETTIS 80  
(c) City or town SEDALIA 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 642 E 15TH ST. 4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 27  
year 1946 hour 2 minute 55 A.M.  
21. I hereby certify that I attended the deceased from Nov 6 1946 to Dec 27 1946  
that I last saw her alive on Dec 26 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis  
Chr. Bright's disease  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. Bogert (M. D. or D. O.)  
Address Sedalia Mo Date signed 12-28-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-30-46

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Selalia 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.