No. 3
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1312

FILED JAN 20 1949
Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 53

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5626 CHERRY STREET /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - - - - - (Specify whether years, months or days)
In this community: 1 MONTH

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5626 CHERRY STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - - -

3. (a) PRINT FULL NAME: MRS. MARY ELLA SCHUMACHER
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: MR. ROLAND J. SCHUMACHER
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: MAY (Month) 19 (Day) 1908 (Year)

8. AGE: Years 39 | Months 7 | Days ~~14~~ 13 | If less than one day ..... hr. ..... min.

9. Birthplace: FULTON (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: - - - - -
FATHER 12. Name: MARVIN H. PIQUE
13. Birthplace: WATER VALLEY (City, town, or county) KENTUCKY (State or foreign country)
MOTHER 14. Maiden name: JEANETTE BURFORD
15. Birthplace: MARBLE HILL (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: MR. FRANK T. LE PAGE
(b) Address: 5626 CHERRY STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 6 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MEMORIAL PARK CEM.
18. (a) Signature of funeral director: D. A. Newcomer Son
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 1-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 2ND year 1948 hour 1 minute 35 P. M.
21. I hereby certify that I attended the deceased from December 4, 1947, to January 2, 1948; that I last saw her alive on January 2, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Circulatory failure | 2 hrs. |
| Due to: Carcinoma of the cervix with metastasis | 1 yr. |
| Due to: | |
| Other conditions: Cachexia & anemia (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: ND
1-8
Of autopsy:

PHYSICIAN — Underline the cause of 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? Means of injury:

23. Signature: John R. Whitmore (M. D. or other) MD
Address: 6347 Brookside Blvd. Date signed: 1-3-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

9.30.12

APR 20 1951

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.