

FILED FEB 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. **4116**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2809 Jackson			d. STREET ADDRESS (If rural, give location) 2809 Jackson		

3. NAME OF DECEASED (Type or Print) Pauline		a. (First)		b. (Middle)		c. (Last) Schumacher		4. DATE OF DEATH (Month) (Day) (Year) 2/13/49	
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 2/18/1864		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 25		Hours 12		Min. 25	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Rushville, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Jacob Koch			13b. MOTHER'S MAIDEN NAME Katerine			14. NAME OF HUSBAND OR WIFE Fred Schumacher		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles H. Wieseemann		ADDRESS St. Joseph	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis							
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) arteriosclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 2/13/49		19b. MAJOR FINDINGS OF OPERATION 1277						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 10, 1949**, to **Feb 13, 1949**, that I last saw the deceased alive on **2/13/49**, 1949, and that death occurred at **1:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edna R. ... M.P.U.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED Feb 14 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/16/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
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DATE REC'D BY LOCAL REG. Feb. 15, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Walter ...		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1949
MAR 14 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 56th St, St 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.