

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 602

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph,</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph,</u>   |  |
| c. LENGTH OF STAY (in this place) <u>6 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>2823 S. 22nd St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2823 S. 22nd St.</u>                                 |  |   |  |

|  |                           |  |   |  |
|--|---------------------------|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Caroline</u> b. (Middle) <u>*</u> c. (Last) <u>Schumacker</u> |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 29 49</u>                                   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>8-8-1868</u>  | 9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>21</u> IF UNDER 12 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>         |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                    | 11. BIRTHPLACE (State or foreign country) <u>Buchanan County Mo.</u>                        |  |
| 13a. FATHER'S NAME <u>William Schumacker</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>Agnes Remart</u>                        | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) |                           | 16. SOCIAL SECURITY NO. <u>none</u>                                  | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Minnie Schumacker</u> ADDRESS <u>2823 S. 22nd</u> |  |

|  |  |  |  |   |
|--|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>42 1/4</u> |
| ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>   |  | DUE TO (b) <u>Arthritis</u>  |  |   |
| DUE TO (c)   |  | II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |

|  |   |   |
|--|---|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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)                       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. (INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from year 1945, to May 29, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 5/30/49

|   |                              |  |  |
|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 31 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> |
|---|------------------------------|--|--|

DATE REC'D BY LOCAL REG June 1, 1949 REGISTRAR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Joseph, Mo.

*Dr. W. E. Conroy  
Hosmer 1936*

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**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 *William Galding*

Licensed Embalmer No. *4535*

P. O. Address *3145 10th St. S.W. Seattle, Wash.*

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.