

**FILED** MAY 6 1946

6 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. **80**

Primary Registration District No. **4142**

Registrar's No. **06**

1. PLACE OF DEATH:

(a) County **Colo**  
(b) City or town **Russellville, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Colo**  
(c) City or town **Russellville, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fred Edward Schubert**

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

4. Sex **Male** 5. Color or race **White** 6. (a). Single, widowed, married, divorced. **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **July 17 1960**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>85</b>	<b>8</b>	<b>19</b>	hr. _____ min.

9. Birthplace **Taos, Colo Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **John Edward Schubert**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Barbara Soehli**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Schubert**

(b) Address **Osney, Colo.**

17. (a) **Centertown** (b) Date thereof **4/7/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centertown, Mo.**

18. (a) Signature of funeral director **J. Schubert**

(b) Address **Russellville, Mo.**

19. (a) **April 7** (b) **Mrs. Minnie Nittermeyer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**  
year **1946** hour **6:10** minute **2** M.

21. I hereby certify that I attended the deceased from **April 3** 19**46** to **Apr 5** 19**46**  
that I last saw him alive on **Apr 5** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Central thrombosis**

Due to **Central Thrombosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **830**

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 **7**

23. Signature **E. M. Schubert** (M. D. or other) **DO**

Address **Russellville** Date signed **4/6/46**

Duration

**48 hr**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

CCCT

MAY 16 1946

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 5-3-46

MAY 23 1947

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 H. H. Schubert

Licensed Embalmer No. 2870

P. O. Address Quinnville, Md

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.