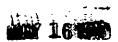
| | DEPARTMENT OF COMMERCE . STATE POARD OF H | EALTH OF MISSOURI | |
|------------------------|--|---|---------------------------|
| S. No. 2 0M-2-43 | BUREAU OF THE CENSUS | FICATE OF DEATH State File No. 126 | 50 |
| v. 5-17-39 I X35697 | Registration District No. 80 Primary Registration District No. 4142 Registration District No. 80 | | |
| Ĭ, | 1. PLACE OF DEATH | 2. USUAL RESIDENCE OF DECEASED: | |
| 6 0 | (a) County + - Cole | (a) State 160 . (b) County Cole | 26 |
| ÖR | (b) City or town Russellville Mo. (If outside city or town limits, write BURAL" and name of township) | (c) City or town Russellville, Mo. | 6 |
| | (c) Name of hospital or institution: | (If outside city or town limits, write "RURAL") | σ |
| A PERMANENT RECORD | ' (If not in hospital or institution, write street number or location) | (d) Street No | |
| EN | (d) Length of stay: In hospital or institution | (e) Citizen of foreign country? | Yes or No) |
| E E | In this community Life (appenry manner years, months or days) | If yes, name country | |
| SRA | 3. (g) PRINT Fine 3. Palmon 3. Columbia | MEDICAL CERTIFICATION | |
| PE | FULL NAME. Fred SQW&rd SQUUDERT | 20. DATE OF DEATH: Month Ap211 day 5th | |
| | 3. (b) If veteran, 3. (c) Social Security | year 1946 hour 6:10 minute P | е М. |
| AK | name war No | 21. I hereby certify that I attended the deceased from | |
| С —МАКЕ | 5. Color or race White divorced Widowed, married, divorced Widowed | 2 3 10 10 C/2 50 00 00 00 00 00 00 00 00 00 00 00 00 | , 19.4 |
| Č Ř | 6. (b) Name of husband or wife 6. (c) Age of husband or wife if | that I last saw h alive on and that death occurred on the date and hour stated above. | , 19 <u>.</u> \$ |
| S N | alive | Immediate cause of death | Duration |
| | 7. Birth date of deceased July 17 1860 | Central Humberge | 85 hu |
| | (Month) (Day) (Year) | | |
| ပ္ပ | 8. AGE: Years Months Days If less than one day | Due to | |
| UNFADING BLACK | 85 8 18 hrmin. | Due to | ···· |
| FA | 9. Birthplace Taos, Coll Co. Mo. () | Due to | |
| | - (City, town, or county) - (State or foreign country) 10. Usual occupation Farmer | Other conditions. | |
| SE | 11. Industry or business | (Include pregnancy within 3 months of death) | ntry or or a by |
| USE | = (12. Name John Edward Schubert // | Major findings: Of operations | PHYSICIAN |
| | 13. Birthplace Germany | () | Underline he cause to |
| N N | (City. town, or county) (State or foreign country) | La: Of autopsy | hich death hould be |
| rite Plainly | IIE | | harged sta- istically. |
| 띨 | (City. town, or county) (State or foreign country) | 22. If death was due to external causes, fill in the following: | |
| RIJ | 16. (s) Informant William Schubert / (b) Address Ohney Colo. | (a) Accident, suicide, or homicide (specify) | |
| ₿ | (b) Address | (c) Where did injury occur? | |
| | (Burial, cremation, or removal) (Monthy (Day) (Year) | (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in pu | (State) blic place? |
| | (c) Place: burial or cremation Centertown, Mg. | (Quality and of the) | -, |
| • | 18. (a) Signature of funeral director NAMMAN RUSSELLE RUSSELLE VILLE VIL | While at work? (Specify type of place) (c) Means of Injury | دير |
| i | (b) Address Russellville, Mo. 19. (a) April 7 (b) Mrs. Munne Hittumuus | 23. Signature (M. D. or otl | 10) 120 |
| i | (Date received local registrar) / (Registrar's aignoture) | Address Date signed | 4/6/46 |
| | / U (Licensed Embalmer's St | atement on Reverse Side) | |



RECEIVED District Health Officer No. 9,

District File Number

5-3-46

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......,

working under my personal supervision.

Signed H Schullen

Licensed Embalmer No.

P. O. Address Jusellully Ma

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.