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v. 5-17-39
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16118

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 80

Primary Registration District No. 5307

Registrar's No. ~~10~~ 8

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville Rural (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Russellville Rural (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 JOHN J. SCHUBERT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 18, year 1946 hour 12 minute 45 A.M.

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Schubert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24-1880 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 1946 to May 18 1946 that I last saw him alive on May 18 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 5 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis definite Acute Dilatation of Heart

Due to _____

9. Birthplace Centertown MO (City, town, or county) (State or foreign country)

10. Usual occupation Tanner

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Chris Schubert

13. Birthplace Paris MO (City, town, or county) (State or foreign country)

14. Maiden name Berta Plessa

15. Birthplace Paris MO (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 438

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J. J. Schubert

(b) Address Russellville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Wynona Park Cem.

18. (a) Signature of funeral director H. H. Strauss

(b) Address Russellville MO

19. (a) May 20 (Date received by registrar) (b) Mrs. Minnie Nittermeyer (Registrar's signature)

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) _____ Means of injury _____

23. Signature Walter J. Ludio (M. D. or other) _____

Address Russellville MO Date signed 4-20-46

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 6-4-46

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed G. M. Steffen

Licensed Embalmer No. 2307

P. O. Address Russellville 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.