

REC'D JUN 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18571  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295  
(b) Township Boone Primary Registration District No. 5415A Registered No. 28  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 150 Christine Schebaum wilhemine Schebaum Franklin County St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Mathias Schebaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
90 00 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo

FATHER 13. NAME Unknown Christopher Kneel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Louis Schebaum (ADDRESS) R.F.D.# 1 Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE 5/12/1939

19. FUNERAL DIRECTOR J. T. Williams (ADDRESS) Sullivan, Mo.

20. FILED S-11 1939 Edwards Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15 1939, to May 10 1939 last saw him alive on May 9 1939 Death is said to have occurred on the date stated above, at 5 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 1937  
93C  
Other contributory causes of importance: Senility

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physiologic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) R.P. Payne M. D.  
Sullivan Mo (Address)

**STATEMENT BY LICENSED EMBALMER**

I, J. T. Williams, Licensed Embalmer No. 427

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

J. T. Williams L. E.

No. 427 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 427

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18571  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295 1104  
(b) Township Roane Primary Registration District No. 54 15A Registered No. 26  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Christine Wilhemine Schebaum  
(a) Residence, No. Franklin County St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jahn Mathias Schebaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 0 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Huf  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

FATHER  
13. NAME Christopher Krueger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER  
15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Louis Schebaum  
270 St. Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem DATE 5/12 39

19. FUNERAL DIRECTOR (ADDRESS) J. J. Williams  
Sullivan Mo

20. FILED 1-15 1940 Clara A. Spelt  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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Myocarditis

Date of onset 1937

Other contributory causes of importance:

senility

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) R. P. Royce, M. D.  
(Address) Sullivan Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

RECEIVED

