S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22969

Registration District No. 83 015 1940 Primary Registration District No. 4503 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(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 years, months or days) In this community 5 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Adams ~~Shelby~~
(c) City or town Quincy
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Roy Frank Schaumburg
8. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Schaumburg
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased 6 (Month) 8 (Day) 1906 (Year)
8. AGE: Years 34 Months 0 Days 22 If less than one day hr. min.
9. Birthplace Washington Ill. (City, town, or county) (State or foreign country)
10. Usual occupation welder
11. Industry or business
MOTHER FATHER
12. Name Ralph Schaumburg
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Alice Schaumburg
(b) Address Quincy Ill.
17. (a) Local (Burial, cremation, or removal) (b) Date thereof 7/3/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Local
18. (a) Signature of funeral director Dougherty Memorial
(b) Address Quincy Ill.
19. (a) June 30-40 (Date received by local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1940 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from —, 19__, to —, 19__; that I last saw h__ alive on —, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Came to his death in racing car by going through fence and 2x6 plank piling hung.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Injuries deemed unnecessary
Of autopsy

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

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? 7/4/1
(Specify type of place)
While at work? (e) Means of injury 5
23. Signature Leo Gunsaulus (M. D. or other) Coroner
Address Bethel Mo. Date signed July 1 1940

(Licensed Embalmer's Statement on Reverse Side)

210 m
27

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

. No. 2B
—2-21-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22969

Registration District No. 830 Primary Registration District No. 43-03 Registrar's No.

1. PLACE OF DEATH
(a) County Shelby
(b) City or town Shelbina
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roy Frank Schaumburg
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 34 Months 0 Days 22 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cause of his death racing car going through a fence
Due to
Due to auto accident
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental
(b) Date of occurrence June 30-1940
(c) Where did injury occur? Shelbina (City or town) Shelby (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Shelbina Fair Grounds (Specify type of place)
While at work? (e) Means of injury
23. Signature C. W. Musgrove Coroner (M. D. or other)
Address Bethel Mo. Date signed

SUPPLEMENTARY

S-22969