

DEC 18 1940
Registration District No. **508**

Primary Registration District No. **3026**

Registrar's No. **148**

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 48 years

3. (a) PRINT FULL NAME Mable Mae Schwab

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Ezra Schwab 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased March 2 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 8 13 hr. min.

9. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farming

MOTHER FATHER
 12. Name George W. Mast
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah A. Husher
 15. Birthplace Unknown Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dan Christian

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 11-18-'40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director F. B. Norman

(b) Address Chillicothe, Missouri

19. (a) 11-18-40 (b) H. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 7 miles N.W. Chillicothe, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 15
year 1940 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from May 15
1940 to Nov 15 1940
that I last saw her alive on Nov 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Thyroidectomy
Toxic thyroid
Due to _____ ?
Due to _____

Other conditions 6/6/40
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration Nov 14-40
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? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Chillicothe, Mo Date signed 11/16/40

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

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.