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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14345

State File No. _____

Dr. Gillham

Registration District No. 213

Primary Registration District No. 5293

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Cole
(b) ~~City or town~~ Rural--Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #2, Box 30 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 87
years, months or days

3. (a) PRINT FULL NAME Adam Schubert

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 23 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known
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 Adam Schubert
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. Gordon
(b) Address Jefferson City, Missouri

19. (a) 5-2-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Cole 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 - Box 30 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1944 hour _____ minute 9:20 P.M.

21. I hereby certify that I attended the deceased from 6-11-1938 to 4-27-1944
that I last saw him alive on 4-26-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Duration 3 days

Due to Chronic Endocarditis 1938

Due to Chronic Coronary Arteriosclerosis 1938
Hypertension

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

Major findings: _____
Of operations _____

Of autopsy _____

1218

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? 11

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

23. Signature [Signature] (M. D. or other) 0
Address Jefferson City Mo Date signed 4-27-44

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Joseph J. Gordon

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City, 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.