

Registration District No. 713

Primary Registration District No. 26427

8500

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

**1. PLACE OF DEATH:**

(a) County R. Pulaski-

(b) City or town Richland, Mo.  
(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 50 years \_\_\_\_\_ (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** Anne Holmes Thomson Shubert

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** female **5. Color or race** white **6. (a) Single, widowed, married,** 2 divorced, widowed

**6. (b) Name of husband or wife** Henry C. Shubert **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years

**7. Birth date of deceased** June 17, 1861  
(Month) (Day) (Year)

**8. AGE:** Years 80 Months 8 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Pittsfield, Ill.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** at home

**11. Industry or business**

**12. Name** John D. Thomson

**13. Birthplace** Dublin, Ireland  
(City, town, or county) (State or foreign country)

**14. Maiden name** Anne Hedlie

**15. Birthplace** Larne, Ireland  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Elizabeth Shubert

**(b) Address** Richland, Mo.

**17. (a) Burial** (b) Date thereof March 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Richland, Mo.

**18. (a) Signature of funeral director** \_\_\_\_\_  
**(b) Address** \_\_\_\_\_

**19. (a)** 4-5-1942 **(b)** Alfred M. Adams  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo County Pulaski

(c) City or town Richland, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 13  
year 1942 hour 2 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** March 13, 1942, to March 13, 1942;  
that I last saw her alive on March 13, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis 5 1/2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 97

**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**22. If death was due to external cause 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) (a) Means of injury \_\_\_\_\_

**23. Signature** Owett A. Oliver (M.D. or D.D.S.) D

**Address** Richland, Mo. **Date signed** 3-14-1942

RECEIVED

Pulaski County Health Officer

File Number 442-121

Date Filed 4-15-42

**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.....

**Notc: 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, above space should be left blank.**