

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43047

State File No. \_\_\_\_\_

63

Registrar's No. \_\_\_\_\_

FILED JAN 12 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. 5761

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Rural *Linn Co. Ia.*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Marion County Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 3 days (Specify whether ~~in~~ institution)  
In this community 80 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion *64*  
(c) City or town Rural *1*  
(If outside city or town limits, write "RURAL")  
(d) Street No. Marion County Infirmary (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ *0*

3. (a) PRINT FULL NAME

Mary Schaub

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 12 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 7 13 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George Schaub

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name Mary Berghoffer

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Culler  
(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Lewis Brad  
(b) Address Palmyra, Missouri

19. (a) 12/27/43 (Date received local Registrar) (b) Mrs Margaret Mulda (Registrar's signature)

1145

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 25, year 1943 hour 8:00 A. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12-18 1943, to 12-28 1943; that I last saw him 12-25 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Severe arteriosclerosis - exhaustion Duration 5 yrs

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

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

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

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) no  
(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) (e) Means of injury \_\_\_\_\_

23. Signature Harold Sordick (M. D. or other) MD  
Address Hannibal, Mo Date signed 12-27-43

MAY 15 1946

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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..... *Geo. B. Lewis* .....

Licensed Embalmer No. .... 2382 .....

P. O. Address Palmyra, Missouri .....

**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.**