

FILED APR 3 1944
Registration District No. 2Primary Registration District No. 5013

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town JACKSON Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Gottlieb Scheub

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 ELIZA Scheub
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased AUG 31 - 1873
 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 21
 If less than one day _____ hr. _____ min.

9. Birthplace un known Germany
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
 12. Name un known
 13. Birthplace un known ?
 (City, town, or county) (State or foreign country)
 14. Maiden name un known
 15. Birthplace un known ?
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eliza Scheub(b) Address Fillmore mo17. (a) B. (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fillmore Mo18. (a) Signature of funeral director L. C. Breit(b) Address 2 avonard mo19. (a) 3-24-44 (b) J. H. Fortchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
 (c) City or town Jackson Township
 (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. 65 yrs years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year 1944 hour 9 minute A M.21. I hereby certify that I attended the deceased from Sept 2, 1943, to March 22, 1944
that I last saw him alive on March 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Starving of the stomach

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Dr. V. R. Wilson (M. D. or other) _____Address Rosendale mo Date signed 3-22-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

RECORDED JUN 20 1947

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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

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