

FILED FEB 24 1946

Registration District No. _____

Primary Registration District No. 5644

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 1/2 mi. S. 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town Livingston
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mi. S.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT L. SCHEIBER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race W

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: mar 22 1894
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Wm C. Scheiber

13. Birthplace Philadelphia
(City, town, or county) (State or foreign country)

14. Maiden name Philippine O'Neil

15. Birthplace Livingston, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Kate Scheiber

(b) Address Livingston, MO

17. (a) Burial (b) Date thereof: 1-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director Forest Schupel

(b) Address Livingston, MO

19. (a) 16 Feb. 1946 (b) Wm C. Scheiber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1946 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 1
1946 to Jan 19, 1946
that I last saw him alive on Jan 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum

Due to Adenocarcinoma

Due to _____

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

Major findings:
Of operations metastases to liver & aortic nodes - (Colostomy)

Of autopsy no

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? _____

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

23. Signature Ben H. Brasher (M. D. or other)

Address Livingston, MO Date signed 2/21/46

156

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

5270

Booski

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-21-46.....

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 Leo McKeon.....

Licensed Embalmer No. 2183.....

P. O. Address Leungton 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.