

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

16118

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 8

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Russellville Rural  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Russellville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN J. SCHUBERT  
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 married  
6. (b) Name of husband or wife Minnie Schubert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 24-1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Centertown Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Chris Schubert

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

14. Maiden name Bridie Plessa

15. Birthplace Paris Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. J. Schubert  
(b) Address Russellville Mo

17. (a) Burial (b) Date thereof 5-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wynona Funeral Home

18. (a) Signature of funeral director W. H. Strauss  
(b) Address Russellville Mo

19. (a) May 20 (b) Mrs. Minnie Nittermeyer  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 18, year 1946 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 10 1946 to May 18 1946 that I last saw him alive on May 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis definite  
Acute Dilatation of Heart

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

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 138

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)  
Means of injury \_\_\_\_\_

23. Signature Walter J. Leticio (M. D. or other) \_\_\_\_\_  
Address Russellville Mo Date signed 4-20-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 6-4-46

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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 \_\_\_\_\_

Licensed Embalmer No. 2307

P. O. Address Russellville 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.**