

Registration District No. **116**

Primary Registration District No. **5434**

Registrar's No. **133**

1. PLACE OF DEATH:

(a) County **Franklin,**
(b) City or town **Washington "Rural" St. John's**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R. #2. /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None.** (Specify whether
In this community **65 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**
(c) City or town **Washington "Rural"** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R. #2.** (If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country **X**

3. (a) PRINT FULL NAME **Henry John Schebaum.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **August 26th, 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **10** If less than one day hr. min.

9. Birthplace **Washington, R. #2. Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming.**

11. Industry or business **II**
12. Name **George Schebaum.**
13. Birthplace **Jeffriesburg, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Klussner.**
15. Birthplace **Jeffriesburg, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ann Swoboda**
(b) Address **Washington, Mo. R. #2.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 9, 1946.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo. R. #2.**
(City, town, or county) (State or foreign country)
18. (a) Signature of funeral director **Wielburg & Witt, Inc.**
(b) Address **Washington, Mo.**
19. (a) **12/16/46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th,**
year **1946** hour **4:00** minute **40 A. M.**

21. I hereby certify that I attended the deceased from **May 19, 1941** to **Dec 4, 1946**
that I last saw him alive on **Dec 4, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chr** **5 years.**
Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93D**
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).....
(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 **Paul G. Mass** (M. D. or other) **MD**
Address **3119 15th, Washington** Date signed **12-9-46**

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

99

RECEIVED
District Health Officer No. 8,
District File Number 12-23-46
Date Filed

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 Lester A. Clark
Licensed Embalmer No. 3254
P. O. Address Washington, 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.