No. 2
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5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23380

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 206

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 4 Willhite Concatesent Home
(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 Missouri (b) County Boone 10

(c) City or town Huntsdale Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country x

3. (a) PRINT FULL NAME MAGGIE SCHUBERT

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Homer Schubert

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 9 (Day) 1892 (Year)

8. AGE: Years 55 Months 1 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Cole Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business " "

FATHER
12. Name Andrew Rader 0
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Martha Huttinger
15. Birthplace ..... (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Homer Schubert
(b) Address Huntsdale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old Union Cem

18. (a) Signature of funeral director R Owillett
(b) Address Columbia

19. (a) 8-6-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1947 hour 1 minute A M.

21. I hereby certify that I attended the deceased from AUG 2ND, 19..., to ....., 19...; that I last saw her alive on AUG. 2, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning.

Due to Cancer of kidney.

Due to .....

Other conditions Chronic Lacertic infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy 52 P

Duration

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? 2
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature James G. Millers (M.D. or other) 1 P

Address 312 C.C. Ave Date signed 4 Aug 47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 13 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 [signature]

Licensed Embalmer No. 3183

P. O. Address Columbia 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.