

FILED MAY 19 1948

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Deloris Reta Schubert

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive. no years

7. Birth date of deceased Sept. 23, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>7</u>	<u>22</u>	hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Clarence Schubert

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

14. Maiden name Marie Jacobs

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

16. (a) Informant Clarence Schubert

(b) Address RFD 4 Jefferson City, Mo.

17. (a) Burial (b) Date thereof 5-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director Victor Buescher

(b) Address Jefferson City, Mo.

19. (a) 5-15-48 (b) R. P. Darrin MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural nearer Osage Bluff, MO
(If outside city or town limits, write "RURAL")

(d) Street No. Nearer Osage Bluff, Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from May 6 to May 15, 1948;
that I last saw her alive on May 15, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 7 da.

~~Due to~~ mental deficiency due to intra-cranial hemorrhage at birth Life

~~Due to~~ Severe secondary pneumonia 6 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 106

Of autopsy

PHYSICIAN 106
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 injury) (c) Means of injury

Signature John S. Bennett (M. D. or other) M.D.

Address 1st floor Central Trust Bldg. Date signed 5/15/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 18 1948

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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City,*

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.