

FILED JUN 24 1948

Registration District No. 82

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County COOPEY
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RAVENSWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

FREDRICK H. SCHILB
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced DECEASED

6. (b) Name of husband or wife MARIA SCHILB 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 3 19 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 22 hr. min.

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

10. Usual occupation FARMING

11. Industry or business _____

12. Name ADAM SCHILB

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

14. Maiden name MARY O'NEIL

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

16. (a) Informant Mrs W. Schilb

(b) Address Prairie Home Mo

17. (a) REMOVAL (b) Date thereof 6-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANTGROVE CEM.

18. (a) Signature of funeral director C. ALBERT HOYNEBECK

(b) Address PRairie Home Mo

19. (a) 6-17-48 (b) De Cooper
(Date received local registrar) (Registrar Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR CALIFORNIA Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11
year 1948 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from June 9 1948 to 6 11 1948
that I last saw him alive on June 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Caused by acute
nephritis

Duration
2 Weeks

Due to stroke common
and severe pericarditis

Due to Myocardial infarction

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None (too weak for operation)
Of operations _____

Of autopsy None

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 De Cooper (M. D. or other) _____

Address Boonville, Mo Date signed 6/17/48

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

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION REGISTERED

48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-23-48

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 to Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home

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.