

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32271**
Registrar's No. **22**

Registration District No. **5191**
Primary Registration District No. **5191**

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

1. PLACE OF DEATH:
(a) County **Carroll**
(b) City or town **Rural Cherry Valley, Mo**
(c) Name of hospital or institution: **Norborne, R #3**
(d) Length of stay: In hospital or institution **none**
In this community **52 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Carroll**
(c) City or town **Rural**
(d) Street No. **4 mi So of Norborne**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **MARY CATHERINE HUBER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **1** year **1948** hour **2** minute **45 P.** M.
21. I hereby certify that I attended the deceased from **10-31-** _____, 1948, to **11-1-** _____, 1948;
that I last saw her alive on **11-1-** _____, 1948;
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **George Huber** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 19 1863**
(Month) (Day) (Year)

Immediate cause of death **myocarditis** Duration **2-720**

8. AGE: Years **84** Months **10** Days **12** If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **At Home**
11. Industry or business _____
12. Name **John Schreiner**
13. Birthplace **Germany**
14. Maiden name **Mary Helene**
15. Birthplace **France**

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? _____

16. (a) Informant **Joe Huber**
(b) Address **Norborne Mo**
17. (a) **Burial** (b) Date thereof **11-4-48**
(c) Place: burial or cremation **Sacred Heart Cem**
18. (a) Signature of funeral director **Stanley Huber**
(b) Address **Carrollton Mo**
19. (a) **11-4-1948** (b) **Eileen Bernstein**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____ (c) Means of injury **Ⓟ**
23. Signature **B. C. Cole MD** (M. D. or other) _____
Address **Norborne Mo** Date signed **11-2-48**

RECEIVED

District Health Officer No.

District File Number #.....

Date Filed 11-12-48

JUN 22 1950

MAY 2 1950

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.....

William P. Koch

Registered Apprentice No. 242

working under my personal supervision.

Signed *Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address *Carrollton 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.