

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 7 1945

Registration District No. 76

Primary Registration District No. 5302

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole
(b) City or town "RURAL" Clark Prop.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #4 Jefferson City Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 93 years (Specify whether
In this community 93 years
years, months or days)

3. (a) PRINT FULL NAME John Nick Schubert

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Rosie Schubert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 28 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 9 7 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Geo Schubert

(b) Address R.F.D. #4, Jefferson City, Mo.

17. (a) Burial (b) Date thereof Feb-6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director Prof J. Gordon

(b) Address Jefferson City, Missouri

19. (a) Feb 10 1945 (b) Willie C. Buerndorfer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4, Jefferson City, 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 2 day 2
year 45 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 1/20/45 to 2/2/45
that I last saw him alive on 1/20/45
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arterio sclerosis Duration 2 mo.

Due to Age
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: AF
Of operations _____

Of autopsy _____

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)
Means of injury _____

23. Signature David Burke (M.D. or other)
Address Jefferson City Mo Date signed 2/5/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9.
District File Number _____
Date Filed 3-6-45

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 Joseph J. Gordon
Licensed Embalmer No. 1286
P. O. Address Jefferson City 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.