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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24926

State File No.

FILED AUG 11 1941
Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 90

1. PLACE OF DEATH:
(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
512 THIRD STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **20 YEARS** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **COOPER** 027
(c) City or town **BOONVILLE** 1
(If outside city or town limits, write "RURAL.") 2
(d) Street No. **512 THIRD STREET**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **HENRY M. SCHUBERT**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **21**
year **1941** hour **8** minute **P.M.**

4. Sex **MALE** 0 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced, **WIDOWED**
6. (b) Name of husband or wife **MARY SCHUBERT** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **JULY 24 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April** 19 **4** to **July 21** 19 **41**
that I last saw him alive on **July 12** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Diabetes Duration **4 yrs.**

8. AGE: Years **73** Months **11** Days **27** If less than one day hr. min.

Due to..... **61**
Due to.....

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

Other conditions **nephritis, Portal Cirrhosis**
(Include pregnancy within 3 months of death)

10. Usual occupation **FARMING**

PHYSICIAN

11. Industry or business.....

Major findings:
Of operations.....

12. Name **CHARLES A. SCHUBERT**

Of autopsy.....

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

14. Maiden name **WILHELMINA LANGKOP**

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

16. (a) Informant **MRS. MINNIE LANGLOTZ**

(b) Address **BOONVILLE, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **JULY 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MISSOURI**

19. (a) **7-22-41** (b) **DE Rooper**
(Date received local registrar) (Registrar's signature)

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 **J. L. DeRooper** (M. D. or other) **DR**

Address **Boonville Mo** Date signed **7/22/41**

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

RECEIVED
District Health Officer No. 8,
District File Number
76-9-8
Date Filed

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..... *James W. Segner*
Licensed Embalmer No. *3780*
P. O. Address..... *Boonville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.