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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30843

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3601

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
6011 East 9th. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 38
(If outside city or town limits, write "RURAL")

(d) Street No. 6011 Easst 9th. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ernest Frea Schuble

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Annie Schuble

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 27, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months ~~5~~ 6 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name Joseph Schuble
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Sophia Stace
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Annie Schuble
(b) Address 6011 East 9th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Mo.

19. (a) 9/27/43 (Date received local registrar) (b) R. R. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9/18/41, 19__, to 9/24, 1941;
that I last saw him alive on 9/24, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Starvation Acidosis	
Due to Senile Dementia	
Due to Arterio sclerosis	
Other conditions 97 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) no
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul A. E. Johnson (M. D. ~~or other~~) 0
Address 5400 Lindsey Ave Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

Ch. 6100
1:30

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City M

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

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