

SEP 7 1943 274
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1500 S Vermont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community life
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. 1500 S Vermont
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Bernadine Schaberg

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 25 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

30 10 5 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name George H Schaberg

13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Pearl Green

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

16. (a) Informant Mrs Minnie Schaberg

(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof Aug. 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 8/2/43 (b) Mrs Anna Berger
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 4:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 25 to July 30, 1943
that I last saw him alive on July 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis

Due to Chronic Fibrosis of left lung

Due to _____

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

Major findings: 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)
(e) Means of injury _____

23. Signature A. L. Walter (M. D. or other) M.D.

Address Sedalia Mo Date signed 8-1-43

Duration 1 yr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-3-43

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

Philip M. Laughlin

Licensed Embalmer No.

3729

P. O. Address

Sedalia 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.