

FILED 6 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. **80**

Primary Registration District No. **4142**

Registrar's No. **06**

1. PLACE OF DEATH:
 (a) County **Colo**
 (b) City or town **Russellville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** County **Colo**
 (b) City or town **Russellville, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Fred Edward 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 **Widowed**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 17 1960**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 19 hr. min.

9. Birthplace **Taos, Colo Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Edward Schubert**

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

14. Maiden name **Margaret Barbara Schoenla**

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

16. (a) Informant **William Schubert**
 (b) Address **Osney, Colo.**

17. (a) **Centertown** (b) Date thereof **4/7/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Centertown, Mo.**

18. (a) Signature of funeral director **J. Schubert**
 (b) Address **Russellville, Mo.**

19. (a) **April 7** (b) **Mrs. Minnie Nettlemeyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**
 year **1946** hour **6:10** minute **P.** M.
 21. I hereby certify that I attended the deceased from **April 3**, 19**46**, to **Apr. 5**, 19**46**
 that I last saw him alive on **Apr. 5** and that death occurred on the date and hour stated above.

Immediate cause of death **Central Nervous System**

Due to **Acute Thromb.**

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?
 (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 **E. M. Elshert** (M. D. or other) **DO**

Address **Russellville** Date signed **4/6/46**

Duration

5 P M

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

CCCTT

6

70

MAY 16 1946

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-3-46

MAY 23 1947

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 H. H. Schubert
Licensed Embalmer No. 2870
P. O. Address Russellville, 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.