

No. 2  
-8-43  
-17-39  
I X37823

**FILED** MAY 16 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 140

1. PLACE OF DEATH

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hos. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County 999

(c) City or town Fairland 34  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED SCHUBERT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

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 27 1878  
(Month) (Day) (Year)

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

68 9 6 hr. min.

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

10. Usual occupation Ret. Farmer

11. Industry or business

12. Name William Schubert

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

14. Maiden name unknown

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

16. (a) Informant Henry Schubert Jr.

(b) Address Fairland, Okla.

17. (a) Burial-Removal (b) Date thereof May 4-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairland Okla.

18. (a) Signature of funeral director C. L. Sauls

(b) Address Knob Noster Mo

19. (a) 5-3-46 (b) Betty Yeager  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 25 1946 to May 2 1946  
that I last saw him alive on May 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Char Valvular Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Myocardial Infarction, Tuberculosis

Major findings: Of operations \_\_\_\_\_

Of autopsy 138

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) c

(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: H. W. Hoover (M. D. or other) MD

Address Knob Noster Date signed May 3-46

251

(Licensed Embalmer's Statement on Reverse Side)

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

16506

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

*W. H. ...*  
*...*

*and ...*

*...*

*...*

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.....

*C. L. Saults*

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

working under my personal supervision.

Signed.....

*C. L. Saults*

Licensed Embalmer No. 1086

P. O. Address Knob Noster Rd

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.