

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp Rural Williamstownship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 61 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Highway #65 1 Mile West
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wensel Schuber

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 6th 1884
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

8. AGE:	Years	Months	Days	If less than one day
<u>61</u>		<u>3</u>	<u>17</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Schuber

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

14. Maiden name Ann Case

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

16. (a) Informant Mrs Theresa Schuber

(b) Address Cole Camp Mo R #1

17. (a) Burial (b) Date thereof Jan 24th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters & St raul Cemetery

18. (a) Signature of funeral director E. H. Eckhoff

(b) Address Sole Camp Mo

19. (a) February 5 47 (b) Pauline Adams
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 94A

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:

(c) 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? _____

23. Signature Hebert Sperry Judge (M. D. or other) _____
Address Lawrence Date signed _____

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

Ch. 01. 2
700 - UNST
L. 01. 10. 01. 10

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..... *E. L. Eickhoff*

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.