

FILED MAR 25 1947
 Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 106

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Levering Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Weeks
 (Specify whether years, months or days) Life Time

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

3. (a) PRINT FULL NAME Elizabeth Adelia Schaub
 3. (b) If veteran, name war No.
 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 12
 year 1947 hour 10 minute 30 p. M.

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: November 13 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 27-3-47 to 3-12-47
 that I last saw her alive on 3-12-47
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 3 Days 29
 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage
 Duration 30 days

9. Birthplace Palmyra, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Due to _____
 Due to _____
 Other conditions (Includes pregnancy within 3 months of death) g3A

11. Industry or business _____
 12. Name George Schaub
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Berghofer
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Gordon D. Schaub
 (b) Address Monroe City, Mo.
 17. (a) Burial (b) Date thereof 3/15/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Palmyra Cemetery

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?
 (Specify type of place) _____ (e) Means of injury _____

18. (a) Signature of funeral director W. E. M. Lucke
Palmyra, Mo.
 (b) Address _____
 19. (a) 3/15/47 (b) W. E. M. Lucke
 (Date received local registrar) (Registrar's signature)

While at work? _____ (c) Means of injury _____
 23. Signature W. E. M. Lucke (M. D. _____)
 Address Monroe City, Mo. Date signed 3-15-47

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

MOTHER FATHER

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..... *Geo. W. Lewis*

Licensed Embalmer No. *7382*

P. O. Address *Palmyra, 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.