

FILED APR 17 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 113

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sexton Rd. & Highway 40
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 77 Years
years, months or days

3. (a) PRINT FULL NAME JOHN BENNETT SCHWABE

3. (b) If veteran, name war None
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 Alice Wilkinson Schwabe
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 - 28 - 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate & Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Robert G. Schwabe
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Ann Shaw
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Schwabe

(b) Address Sexton Rd. & Highway 40, Columbia MO

17. (a) Burial (b) Date thereof 4-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Cemetery

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) 4-12-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Sexton Rd. & Highway 40
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 9 - 1947
to Apr. 11 - 1947
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration _____

Due to _____
Due to _____
Other conditions 94P
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None
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) _____
(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? No (Specify type of place) _____
(e) Means of injury _____

23. Signature W. D. [Signature] (M. D. or other) _____
Address Columbia Mo Date signed 4-11-47

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RECEIVED
District Health Officer No. 9,
District File Number 4-21-47
Date Filed 4-21-47

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 Tom M Harg
Licensed Embalmer No. 24067
P. O. Address Columbia, 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.