

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 4 1932

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. _____) St. _____ Ward _____

2. FULL NAME Anton Schermesser
 (a) Residence, No. 525 S. Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 949
 Registered No. 39

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Schermesser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 24 - 1856

7. AGE YEARS 75 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Blotzheim France (STATE OR COUNTRY)

FATHER
 13. NAME Joseph Schermesser
 14. BIRTHPLACE (CITY OR TOWN) Blotzheim France (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Katherine Schnell
 16. BIRTHPLACE (CITY OR TOWN) Blotzheim France (STATE OR COUNTRY)

17. INFORMANT Miss Tillie Schermesser (ADDRESS) 525 S. Main

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Edenwood Cem. DATE Jan 30 1932

19. UNDERTAKER O. H. + Mitchell (ADDRESS) Indep. Mo.

20. FILED Jan 30 1932 J. H. Cook Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1932

22. I HEREBY CERTIFY that I attended deceased from Dep. Coronary 1932 to Coronary 1932
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Hypertrophy Date of onset _____
95B with Sclerosis
77
 Other contributory causes of importance: 95B
acute dilatation

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Indep. Mo.

