JUN 23 1936

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

Do not use this space.

19301

1. PLACE OF DEATH
County Jackson
Township Ft Osage
City So. of Levasy (No. ..... , ... St. ..... Ward)
Registration District No. 396
Primary Registration District No. 5562
File No. .....
Registered No. 11

2. FULL NAME Wm Henry Schemmer
(a) Residence, No. Levasy Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary A.C.Schemmer died Dec.2.1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1849

7. AGE: YEARS 86 | MONTHS 8 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1925
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wester Cappeln Germany Germany

FATHER
13. NAME Henry Schemmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Christina Hillemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Hilda Schemmer Levasy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bone Hill Cem DATE May 28/36 19

19. UNDERTAKER (ADDRESS) Vernon M. Reppert. Buckner Mo

20. FILED 6-10, 1936 N.D. Ravenscraft Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26.1936, 19

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936, to May 26, 1936
I last saw him alive on May 22, 1936. Death is said to have occurred on the date stated above, at 4:10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset April 30th 1936

Other contributory causes of importance:

Name of operation None Date of X
What test confirmed diagnosis? X Was there an autopsy? no

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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) John W Robertson, M. D.
(Address) Buckner, Mo.

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.