

Registration District No. 770

Primary Registration District No. 6016

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Rural Taber Twp  
(c) Name of hospital or institution:  
9 mi. so. 4 mi. East Appleton City  
(d) Length of stay: In hospital or institution 53 yrs  
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO  
(b) County St. Clair  
(c) City or town Rural  
(d) Street No. 9 mi. so. 4 mi. East Appleton City  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME LOUISA SCHERECK

8. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased June 24, 1840

8. AGE: Years 100 Months 4 Days 20  
If less than one day hr. min.

9. Birthplace Saline Co. Mo

10. Usual occupation Housekeeping

11. Industry or business 1

12. Name Joseph Lee  
18. Birthplace West Virginia  
14. Maiden name Synthia Layd  
15. Birthplace North Carolina

16. (a) Informant Mark Scherck

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Nov 17, 1940

(c) Place: burial or cremation Appleton City Crm

18. (a) Signature of funeral director Frank Lee  
(b) Address Appleton City Mo  
19. (a) Nov 15 (b) Georgia Davidson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14  
year 1940 hour 9 minutes 30 A. M.  
21. I hereby certify that I attended the deceased from June 27, 1940, to Nov 14, 1940,  
that I last saw her alive on 9-28-40, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work  
(e) Means of injury

23. Signature WAT Celest (M. D. or other) MD  
Address Appleton City Mo Date signed 11-15-40

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

RECEIVED

District Health Officer No. 7

District File Number 12-40-1747

Date Filed 12-10-40

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 ME

on the 14th day of Nov. 1940

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.