

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29528
Registrar's No.

FILED SEP 6 1941
Registration District No. 817

Primary Registration District No. 6066

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Rural - Commerce Twp
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 79 years years, months or days

3. (a) PRINT FULL NAME Donat Scherer
3. (b) If veteran, name war ✓ 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 Ottilia Scherer 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 20 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Scott Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Donat Scherer

13. Birthplace Scott Mo (City, town, or county) (State or foreign country)

14. Maiden name Schoen

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant P.A. Weber
(b) Address 1207 Penney Ave Cape Girardeau Mo

17. (a) Buried (b) Date thereof Aug 22 41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hebso

18. (a) Signature of funeral director Bispinghoff Huber
(b) Address Illmo Mo
19. (a) 8-22-41 Mrs Addie Held (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Commerce Twp (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____ year 8/19/41 hour _____ minute 9:45 M.
21. I hereby certify that I attended the deceased from 5/19/41, 19____, to 8/19/41, 19____, that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to senility
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? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? ✓ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 8/19/41

Duration
Underline the cause to which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 941-1206

Date Filed 9/14/41

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.....

Mamie Thompson

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.