

DEC 22 1941

38038

Registration District No. 144

Primary Registration District No. 5267

State File No.

Registrar's No.

1. PLACE OF DEATH:
 (a) County Carter
 (b) City or town Ellsinore
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carter
 (c) City or town Ellsinore
 (If outside city or town limits, write "RURAL")
 Rural
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME John Scherrer
 3. (b) If veteran, name war
 3. (c) Social Security No. none

4. Sex Male 0
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased April 7 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 78 8 5 hr. min.

9. Birthplace Red Wing Minnesota
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

MOTHER FATHER
 12. Name Unknown 9
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Miss I. A. Higland
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. L. Stroh
 (b) Address St. Louis

17. (a) Burial (b) Date thereof 12-13-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff Mo.

19. (a) 12-13-41 (b) Belle Kinsey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
 year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1938 to Dec 11 1941
 that I last saw him alive on Dec 9 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Myocardial Failure

Due to Hypertrophy Coronarium 3 years
 Hypertensive Heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy

Duration
 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? (Specify type of place) (e) Means of injury

23. Signature A. B. Brackman M.D. (M. D. or other)

Address Poplar Bluff Mo. Date signed 12-16-41

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

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Oppler Bluff, 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.