

FILED MAR 5 1943
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 795

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

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2833 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 45 yrs

In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL.")

(d) Street No. 2833 Baltimore
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Feed Scherzer

3. (b) If veteran, name war none 3. (c) Social Security No. 514-03-7271

4. Sex Male 5. Color White 6. (a) Single, widowed, married, 1 Married
race 0

6. (b) Name of husband or wife Alice Scherzer 6. (c) Age of husband or wife if 43
alive _____ years

7. Birth date of deceased Feb. 25 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 16 If less than one day
hr. _____ min. _____

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Wilson Pkg Co

12. Name Richard Scherzer

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

14. Maiden name Connee

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

16. (a) Informant Alice Scherzer

(b) Address 2833 Baltimore

17. (a) Burial (Burial, cremation, or removal) Forest Hill (b) Date thereof Feb. 15 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 2-15-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 12-43 day _____
year _____ hour 11:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 5 1943 to Feb 12 1943
that I last saw him live on Feb. 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Rolar pneumonia 8da
Duration _____

Due to _____ 108

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W.A. Finley M.D.

Address 832 Argyle Bldg Date signed 2/12/43

Dr. Remley
Areyje dg.
12&McGee R.C. Mo.

83#

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 *Kenil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *R.C. 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.