

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1943

Registration District No. 374

Primary Registration District No. 6273

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant
(c) Name of hospital or institution: Stetchell
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME VERN ALLEN SHERER

3. (b) If veteran, name war Life
3. (c) Social Security No.

4. Sex mo 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Vern Sherer
6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Jan 12 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 30
If less than one day hr. min.

9. Birthplace Grant city Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Sherer

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

14. Maiden name Mary

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

16. (a) Informant John Sherer

(b) Address Grant city Mo.

17. (a) Burial (b) Date thereof 3-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant city, Mo.

18. (a) Signature of funeral director John C. Duffee
(b) Address Grant city, Mo.

19. (a) March 15-1943 (b) Arden Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County North
(c) City or town Grant
(If outside city or town limits, write "RURAL")

(d) Street No. Grant city, Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from ✓
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Gun wound from 22 automatic pistol instant

Due to gun wound

Due to ill health of self and wife

Other conditions 164C
(Include pregnancy within 3 months of death)

Major findings: Bullet entered at left temple and traveled diagonally through brain to right temple.
Of operations no
Of autopsy no
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) suicide

(b) Date of occurrence March 11, 1943

(c) Where did injury occur? Grant city, North, Mo.
(City or town) (County) (State)

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

(e) Means of injury 22 pistol

23. Signature A. C. Duffee (M-Doctor other) Arden Scadden
Address Grant city, Mo. Date signed 3-12-43

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.....

Arch C. Duffee

Licensed Embalmer No.....

3252

P. O. Address.....

Shant City 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.