V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13567

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 8

1. PLACE OF DEATH:

(a) County HOWELL

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

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

(d) Length of stay: In hospital or institution NO. (Specify whether
In this community NUMBER OF YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL 41

(c) City or town "RURAL" BENTON TWP. 0
(If outside city or town limits, write "RURAL")

(d) Street No. HOCOMO, MO.
(If rural, give location)

(e) Citizen of foreign country? NO. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ANN SCHERZER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 16 (Day) 1867 (Year)

8. AGE: Years 78 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Shullsburg, (City, town, or county) Wis. 1 (State or foreign country)

10. Usual occupation NONE.

11. Industry or business "Retired School Teacher"

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant JAMES SCHERZER
(b) Address HOCOMO, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 4, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation UNION CHAPEL CEM AMY, MO.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, MO.

19. (a) 4/8-45 (Date received local registrar) (b) Jail & Sailer (Registrar's signature)

1125

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3, year 1945 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from January 17, 1945 to January 17, 1945 that I last saw her alive on January 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (MD or other)
Address Apr-6-45 Date signed 4/8-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 445-185
Date Filed 4/12/45

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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.