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ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24572

FILED AUG 14 1945

Registration District No. 19 Primary Registration District No. 3048 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community About 2 yrs.

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

3. (a) PRINT FULL NAME Benjiman Scheuerman
3. (b) If veteran, name war
3. (c) Social Security No. 49-28-8839
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Irene Scheuerman
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan (Month) 22 (Day) 1890 (Year)

8. AGE: Years 55 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Otis (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Henry Scheuerman
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Christina Ochs
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Irene Scheuerman
(b) Address Barnard Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo.
19. (a) July 13. 45 (Date received local registrar) (b) Guy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1945 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Not attended, 19..., to, 19...; that I last saw him alive on Not seen, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	25 min
Due to Valvular disease of heart	8 yrs
Due to	
Other conditions Valvular heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operations
Of autopsy no 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L E Dean-Coroner (M. D. ~~coroner~~)
Address Maryville MO. Date signed 7-10-45

1349

(Licensed Embalmer's Statement on Reverse Side)

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 W. Dean Campbell

Licensed Embalmer No. 2630

P. O. Address Maryville 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.