S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1945

State File No. 34784

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 140

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 770 South Lafayette 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Since Feb. 1920 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall (If outside city or town limits, write "RURAL") 1

(d) Street No. 770 South Lafayette (If rural, give location) 2

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

If yes, name country .....

3. (a) PRINT FULL NAME Phillip Anthony Scharnhorst

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ~~Alice M. Scharnhorst~~

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

7. Birth date of deceased May (Month) 14th, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	8	..... hr. ..... min.

9. Birthplace Johnson county (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business .....

FATHER
12. Name Fredrick Scharnhorst
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Nancy Barnett
15. Birthplace ..... (City, town, or county) Holland 4 (State or foreign country)

16. (a) Informant Everett Scharnhorst

(b) Address 770 S/Lafayette, Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Rouse

(b) Address Marshall, Mo.

19. (a) 10-1-45 (Date received local registrar) (b) Mrs T. Dukadrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22nd year 1945 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept, 1940, to Sept 22, 1945; that I last saw him alive on Sept 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	3 yrs
Due to Gangrene	3 Mo
Due to Diabetes Mellitus	6 yrs
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Richard T. Nuckles (M.D. or other) D.O.

Address Marshall, Mo. Date signed 9-25-45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-18-45

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.

Signed R. K. Campbell Jr.
Licensed Embalmer No. 3469
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.