S. No. 2
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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

Dr. Sewell

State File No. 23320

FILED AUG 28 1946

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 583

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Strafford 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theodore Scharff

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Nov. (Month) unknown (Day) 1856 (Year)

8. AGE: Years 89 ✓ Months UNK. Days UNK. If less than one day hr. min.

9. Birthplace Landau (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Siman Scharff

13. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name (UNK.) Gault

15. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Dan Scharff.
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Tempel Isreal

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-10-46 (Date received local registrar) (b) by W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 1 minute 20a. M.

21. I hereby certify that I attended the deceased from 22 December 1945, to 9 July 1946; that I last saw him alive on 8 July 1946; and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA — Duration 5 days

SECONDARY TO FULGURATION

Due to CARCINOMA URINARY BLADDER

3 JULY 1946

Due to

Other conditions Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings of operations Recurrent papillary carcinoma urinary bladder

Of autopsy 52 K

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 W.L. Sewell (M. D. or other)
Address Springfield, Mo. Date signed 7-9-46

(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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Me

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.