

**FILED JAN 20 1947**  
 Registration District No. **42**

Primary Registration District No. **5132**

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

1. PLACE OF DEATH:  
 (a) County **Buchanan**  
 (b) City or town **Halls, (rural)**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **R.F.D. # 1, Halls, Mo. /**  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: **Lifetime**  
 In this community **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CARL SCHERER**  
 3. (b) If veteran, **None** name war  
 3. (c) Social Security **None**

4. Sex **Male**  
 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife **No**  
 6. (c) Age of husband or wife if alive, years **December 13, 1946**  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **23**, 3 days min.  
 9. Birthplace **Halls, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Infant**  
 11. Industry or business **No**

MOTHER FATHER  
 12. Name **Ishemel Scherer**  
 13. Birthplace **Pollock, South DeKota** (City, town, or county) (State or foreign country)  
 14. Maiden name: **Alma K. Gilbert**  
 15. Birthplace **Muskogee, Oklahoma** (City, town, or county) (State or foreign country)

16. (a) Informant **Ishemel Scherer**  
 (b) Address **Rt. # 1, Halls, Mo.**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/7/47** (Month) (Day) (Year)  
 (c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **John C. Schupp**  
 (b) Address **6054 Pryor Ave., City**  
 19. (a) **1-14-47** (Date received local registrar) (b) **6.6 Jenkins** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **Rural Halls,** (If outside city or town limits, write "RURAL")  
 (d) Street No. **R.F.D. # 1** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **January** day **6,** year **1947** hour **2** minute **30 P.M.**  
 21. I hereby certify that I attended the deceased from **Dec 13** 19 **46** to **Jan 6** 19 **47**  
 that I last saw him alive on **Dec 20** 19 **46**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Broncho Pneumonia** Duration **24 hours**

Due to **Congenital Heart Disease**  
**Patent Foramen Ovale**  
 Due to **Premature birth** 7 months  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy **157E**

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?  
 While at work? (Specify type of place) (e) Means of injury **2**  
 23. Signature **B. M. Riles** (M. D. or other) **Dec 1-8-46**  
 Address **6207 King Hill** Date signed **1-8-46**

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**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 .....

.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. 7986

P. O. Address St. Joseph, 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.**