

Registration District No. **331**

Primary Registration District No. **9486**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Benton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Louis Scherer

3. (b) If veteran, ✓ name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) ~~Single~~ Widowed, married, divorced M

6. (b) Name of husband or wife Mary Anna Scherer 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 22 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Hamburg (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Balentine Scherer

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

14. Maiden name Verdocta Overy

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

16. (a) Informant Cletus Scherer

(b) Address Benton

17. (a) Burial (Burial, cremation, or other) (b) Date thereof April 26 1947 (Month) (Day) (Year)

(c) Place: burial or cremation St Dennis - Benton

18. (a) Signature of funeral director T S Heuser Co

(b) Address Oran Mo

19. (a) 515 1st (Data received local registrar) (b) Helen Miller Wellman (Registrar's signature) 2/21

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100  
(c) City or town Benton (If outside city or town limits, write "RURAL.") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 4/14 1947 to 4/23 1947 that I last saw him alive on 4/22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
Stomach & Duodenum

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) X 6 B

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature JR Oline (M. D. or other) 0

Address Oran Mo Date signed 4/23/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Office No. 2,  
District File Number 542-692  
Date Filed 5-7-47

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Raymond Lewis  
Licensed Embalmer No. 3467  
P. O. Address Sikeston 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.**