S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2145

Registration District No. 310 | Primary Registration District No. 3058 | Registrar's No. 9

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

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

3. (a) PRINT FULL NAME: James Ogden Scheer
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cleo Logan Scheer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 11 (Day) 1907 (Year)

8. AGE: Years 40 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Lincoln Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Educator
11. Industry or business: Public Schools
MOTHER FATHER
12. Name: John H. Scheer
13. Birthplace: Lincoln Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Mary Alvena Eversmeyer
15. Birthplace: Warren Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Cleo Logan Scheer
(b) Address: Troy, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Troy, Mo
18. (a) Signature of funeral director: Kemper Funeral Home
(b) Address: Troy, Mo
19. (a) 1-15-48 (Date received local registrar) (b) Hamine Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 10 year: 1948 hour: 9 minute: 45 P. M.
21. I hereby certify that I attended the deceased from 1/5, 1948 to 1/10, 1948 that I last saw him alive on 1/10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	1/2 hr.
Due to: Postoperative phlebitis	?
Due to: acute appendicitis	24 hrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation: Acute appendicitis pre-gangrenous. Of autopsy:	

PHYSICIAN — Underline the cause of 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: B. L. Newberne (M. D. or other) M.D.
Address: St. Charles, Mo Date signed: 11/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/23/48

JAN 29 1948

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 Joseph J. March

Licensed Embalmer No. 3932

P. O. Address Troy, 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.