

S. No. 2
11-10-39
5-17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3772

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Twp. rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 11 mos. 21 days
(Specify whether years, months or days)

In this community same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

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

(d) Street No. 409 E. Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME CATHERINE MARY SCHEER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 11 13 1890
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 13 If less than one day
hr. min.

9. Birthplace Mount Zion Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry work

11. Industry or business _____

12. Name Henry Scheer

13. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Meistmaster

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

16. (a) Informant A. Ralph Boxwell

(b) Address 409 E. Franklin, Clinton Mo

17. (a) Removed (b) Date thereof 1-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Gulleya Funeral Home

(b) Address Neerda Mo.

19. (a) 2-2-48 (b) Edw. H. Nathan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
year 1948 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 2-9- 1946 to 1-31- 1948
that I last saw her alive on 1-31- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerotic Heart Disease 2 years

Due to _____

Due to _____

Other conditions: ADP
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature W. Bunch (M. D. or other) _____
Address State Hospital # 3 Date signed 2-3-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 1-48-41
Date Filled 2-10-48

FEB 20 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 Mark E. Eickman
Licensed Embalmer No. 2656
P. O. Address Needa, 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, above space should be left blank.