

No. 2
5-43
17-39
X36671

FILED MAR 5 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town JACKSON Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town JACKSON (If outside city or town limits, write "RURAL")
(d) Street No. W. 1st St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Magdalena B. Scheerer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. (b) Name of husband or wife Henry L. Scheerer

7. Birth date of deceased July 31 1861 (Month) (Day) (Year)

8. AGE:

Years 86 Months 6 Days 22 If less than one day hr. min.

9. Birthplace

St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

Practica Nurse

11. Industry on business

Mickel Bausgner

12. Name

France

13. Birthplace

Germany (City, town, or county) (State or foreign country)

14. Maiden name

Barbara Hoff

15. Birthplace

Germany (City, town, or county) (State or foreign country)

16. (a) Informant

Miss Elsie Medley

(b) Address

Jackson Mo.

17. (a) (Burial, cremation, or removal)

Rural (b) Date thereof 2/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation

City Cemetery

18. (a) Signature of funeral director

McComb

(b) Address

Jackson Mo.

19. (a) 2-26-48 (Date received local registrar)

(b) D. J. Subito (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 23rd year 1948 hour 3:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 8th, 19 48 to Febr. 23, 19 48 that I last saw her alive on Febr. 23rd, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure (Myocardial Insufficiency) Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 934

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) _____

23. Signature Robert L. Tindall (M. D. or other) D.O.

Address JACKSON, MO. Date signed 2/24/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 348-311
Date Filed 3-3-48

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

Thomas H. Allen

Licensed Embalmer No.

40555

P. O. Address

Quakran

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.