FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4459

FILED FEB 20 1948

Registration District No. 1 10 Primary Registration District No. 4182 Registrar's No. 4

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town RURAL BOEUF
(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 ALL
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin 36
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Owen Mo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN SCHEER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 12 (Day) 1862 (Year)
8. AGE: Years 85 Months 11 Days 30 If less than one day br. min.
9. Birthplace NEW HAVEN Mo (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business
FATHER
12. Name HENRY SCHEER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUISA VOGT
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Ed Scheer
(b) Address Newhaven Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Boeuf Lem.
18. (a) Signature of funeral director L. R. Fisher & Son
(b) Address Newhaven Mo
19. (a) Feb 14 - 48 (Date received local registrar) (b) Jeffie Grammann (Registrar's signature) 92

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 10 day
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from April 27, 1946 to Feb. 10, 1948
that I last saw him alive on Feb. 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial Degeneration (Rheumatic)	
Due to Aortic Regurgitation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92A	
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 2
23. Signature G. W. Held (M. D. or other) D.O.
Address New Haven, Mo. Date signed 2/12/48

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

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/18/48

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 Earl Foster

Licensed Embalmer No. 3385

P. O. Address Yellowstone M

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.