

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30647

State File No. \_\_\_\_\_ Registrar's No. 2937

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2937</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u> )		c. LENGTH OF STAY (in this place) <u>67 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>3911 HOLMES STREET</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3911 HOLMES STREET</u>				d. STREET ADDRESS (If rural, give location) <u>3911 HOLMES STREET</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ADELE</u>		c. (Last) <u>SCHERRER</u>			
4. DATE OF DEATH		(Month) <u>SEPT</u>		(Day) <u>14</u>		(Year) <u>1950</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH-8-1883</u>			
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JOHN H. WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE KERSHAW</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES J. SCHERRER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-10-7280A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES J. SCHERRER</u> ADDRESS <u>3911 HOLMES ST. KANSAS CITY, MO</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma Breast</u>				<u>18 months</u>	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>170*</u>	
19a. DATE OF OPERATION <u>27 Sept '49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno-Carcinoma At breast.</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>21 Sept, 1949</u> , to <u>14 Sept, 1950</u> , that I last saw the deceased alive on <u>14 Sept, 1950</u> , and that death occurred at <u>8:55 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Fred H. Lundgren</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>612 Professional Bldg.</u>		23c. DATE SIGNED <u>14 Sept 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>SEPT-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, & county) (State) <u>Kansas City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-15-50</u>		REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer Sons</u>		ADDRESS <u>931 BUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed *Bernard L. Moran*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address *A.C. No.*

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.