No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40476

FILED JAN 13 1943

Registration District No. 64 Primary Registration District No. 5243 Registrar's No. 83

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

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town RURAL Charitons
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FOREST GREEN MO RURAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Since Nov. 25, 1942 27 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Charitons
(c) City or town Rural Forest Green Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HERMAN H. SCHEER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MATHILDA JACOBS
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAR (Month) 2 (Day) 1873 (Year)

8. AGE: Years 69 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Quincy Illinois (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARM
FATHER
12. Name HERMAN SCHEER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name RICKE GANSE
15. Birthplace (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Mrs George Walters
(b) Address Forest Green Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation FREMONT NEBR.
18. (a) Signature of funeral director Walker Audsley
(b) Address Glasgow Mo.
19. (a) 12/22/42 (Date received local registrar) (b) R A Reeling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 15, 1942 to Dec 22, 1942 that I last saw him alive on Dec 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Due to Arteriosclerosis	
Due to Chronic arthritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature G W Hawkins (M. D. or other)
Address Salisbury Mo Date signed 12/22/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-43

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 J. Walker Ousley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.