

FILED JUN 24 1943
 149
 Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
816 W. 72nd Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **XX** (Specify whether
 In this community **43 years** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **816 W. 72nd St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **JOSEPH E. SCHERER**
 3. (b) If veteran, **No** name war.....
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **30th**
 year **1943** hour **1:** minute **03 P. M.**

4. Sex **Male**
 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Frances Scherer**
 6. (c) Age of husband or wife if alive **57** years
 7. Birth date of deceased **January 11 1880**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 26** to **May 30** 19**43**
 that I last saw him alive on **May 26** and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary Hemorrhage**
 Duration

8. AGE: Years **63** Months **4** Days **19**
 If less than one day .hr. min.

Due to **My profession**
 Due to **Chronic Myocarditis**

9. Birthplace **Peoria Ill.**
 (City, town, or county) (State or foreign country)

Other conditions **4325**
 (Include pregnancy within 3 months of death)

10. Usual occupation **Retired Manager Interstate Company**

Major findings: **None**
 Of operations.....
 Of autopsy **None**

11. Industry or business **Andrew G. Scherer**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name.....
 13. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

14. Maiden name **Louise Weifing**
 15. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **816 W. 72nd street**
 (b) Address **Burial**

17. (a) (Burial, cremation, or removal) **Mt. St. Mary's**
 (b) Date thereof **6-2-43**
 (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**
 (b) Date of occurrence **no**
 (c) Where did injury occur? **no**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

18. (a) Signature of funeral director **J. M. Wagner**
 (b) Address **Kansas City, Mo.**

While at work? **no**
 (a) Means of injury **no**

19. (a) **6-1-43** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

23. Signature **Blair C. Carls**
 Address **714 Bryant Bldg K.E.S.**

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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 *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address. *Kansas City, 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.