

FILED NOV 9 1945  
 Registration District No. 243

Primary Registration District No. 3047

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

1. PLACE OF DEATH:  
 (a) County Newton  
 (b) City or town Neosho Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
924 N Young St. Sales Memorial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Dead on arrival hospital  
(Specify whether)  
 In this community Two months  
years, months or days

3. (a) PRINT FULL NAME Eltha Paula Scheer  
 (b) If veteran, name war no  
 (c) Social Security No. no

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Alfred Joseph Scheer  
 (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased January 5<sup>th</sup> 1909  
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 15  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Camallton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House wife

12. Name Miriam Scharfberg

13. Birthplace D. Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Lina Sarah Schmedt

15. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Joseph Scheer

(b) Address Neosho Missouri

17. (a) Removal (b) Date thereof Oct 20<sup>th</sup> 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Tha. Bigham Mortuary

(b) Address Neosho Missouri

19. (a) Oct 20, 1945 (b) Melvin C. Rossman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Newton 73  
 (c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 924 N Young St 2  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
 year 1945 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: SUFFOCATION with natural Gas  
 Duration \_\_\_\_\_

Due to MONOXIDE POISON

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 73

(b) Date of occurrence Oct. 20 - 1945

(c) Where did injury occur? Neosho Newton Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature James G. Farrell, Acting Comm  
(Physician or other)

Address Box 295, Neosho, Mo. Date signed 10/20/45

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

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.

RECEIVED NOV 8 1945

District Health Officer No. ....

District File Number 1045-200

Date Filed NOV 8 1945

Signed Warren K. Hannah

Licensed Embalmer No. 4400

P. O. Address.....

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.