

S. No. 2  
M-2-43  
7. 5-17-39  
P.1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 23 1948**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5859**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 990

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:  
General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 62 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 900 East Chicago  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosa Scheer

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25  
year 1946 hour 5:35 minute 1 M.

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

4. Sex 71 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 2-16-1884  
(Month) (Day) (Year)

Immediate cause of death 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> degree burn

Due to gas explosion

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

Other conditions (Include pregnancy within 3 months of death) 10/15

8. AGE: Years Months Days If less than one day

62 0 9 hr. \_\_\_\_\_ min.

9. Birthplace Jackson Co Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy no  
bleeding + fragmentation

10. Birthplace Jackson Co Mo  
(City, town, or county) (State or foreign country)

11. Occupation Clerk

12. Industry or business Federal Office

13. Name Nicholas Scheer

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

14. Maiden name Elizabeth Serenich

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 2-24-46

(c) Where did injury occur? K.C. Jackson mo  
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury gas explosion

16. (a) Informant Julius Sheer Scheer

(b) Address Pleasant Hill mo

17. (a) Burial (b) Date thereof 2-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit

18. (a) Signature of funeral director W.B. Longshore

(b) Address Leis Summit

19. (a) 2-27-46 (b) Verdelline Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Jam... 3 (M. D. or other)

Address 1924 W. 10th Date signed 2-26-46

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

MOTHER FATHER

4843

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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..... *W. B. Langford*

Licensed Embalmer No. *3833*

P. O. Address..... *Leis Summit*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo. }  
County of Jackson } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 990

On this 7th day of March, 1946, before me appears Julius Scheer, who, upon his oath, states that the original record of ~~birth~~ <sup>death</sup> for Rosa Scheer <sup>died</sup> ~~born~~ February 25, 1946, in the State of Missouri, and which was filed at Kansas City, Mo. on 2-27, 1946, should be corrected as follows:

Item No. 14 should read Elizabeth Germain

Instead of Elizabeth Serman

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Julius H. Scheer Relationship.

Pleasant Hill near Boashee  
(Pleasant Hill) Present Address.

Subscribed and sworn to before me this 7th day of March, 1946.

My Commission expires Oct. 20, 1947 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5859