

S. No. 2
M-8-43
7-5-17-39
No. 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6356**

FILED MAR 12 1946
Registration District No. **179**

Primary Registration District No. **5667**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County **LINCOLN**

(b) City or town **RURAL BEDFORD TWP.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **LINCOLN 57**

(c) City or town **RURAL BEDFORD TWP.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) -PRINT FULL NAME **ALVENA MARY SCHEER**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN H. SCHEER**

6. (c) Age of husband or wife if alive **10** years (Day) (Year)

7. Birth date of deceased **MAY 10 1881**
(Month) (Day) (Year)

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

64 9 9 hr. min.

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business **✓**

MOTHER FATHER { 12. Name **FREDERICK EYERSMEYER**

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

14. Maiden name **AMELIA WISBROCK**

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

16. (a) Informant **JOHN H. SCHEER**

(b) Address **TROY, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **FEB. 21 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ZOAR Cem. LINCOLN Co. Mo.**

18. (a) Signature of funeral director **Kemp Funeral Home**

(b) Address **Troy, Missouri**

19. (a) **2-20-46** (b) **Mrs. Emma B. Riddle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **19**
year **1946** hour **9** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **2/19/46** to **2/19/46**
that I last saw her alive on **2/19/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis**

Due to **Metastatic Carcinoma Primary site Adeno-Carcinoma of ovaries**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Carcinoma Adeno both ovaries**

Of autopsy **NO 4-9-46**

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? _____

23. Signature **J. C. Beresford** (M. D. or other) _____
Address **Troy Mo** Date signed **2/20/46**

Duration _____

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.

Signed.....

Joseph J. Marsh

Licensed Embalmer No. *3932*

P. O. Address..... *Proy, Missouri*

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.