No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16084

Registration District No. 72 Primary Registration District No. 5289 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town North Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. #8 North Kansas City 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 15 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay 24

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #8 North Kanas City Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME John Fredrick Scharff

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

4. Sex male 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Katharine Scharff

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. (Month) 15 (Day) 1866 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 7 | 15 | ✓ hr. ✓ min. |

9. Birthplace Americus (City, town, or county) Mo. (State or foreign country) x

10. Usual occupation Retired Trucker

11. Industry or business ✓

FATHER
12. Name Henry Scharff
13. Birthplace ✓ (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Fred Scharff
(b) Address R.R. 8 North Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Kansas City

18. (a) Signature of funeral director Morton-Smiths
(b) Address 832 Armour Rd. North Kansas City

19. (a) May 31 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

63

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 1943, 19, to May 20, 1946
that I last saw him alive on May 20, 1946
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral thrombosis | 1 wk |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

94

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

23. Signature J. W. Webb (M. D. or other) MD
Address NKC Mo Date signed 6-1-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-88

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

**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.**