

No. 2  
-12-45  
-5-17-39  
X47070

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9724

FILED APR 5 1948  
Registration District No. 2198

Primary Registration District No. 4410

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 10 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Frank J Scheer

3. (b) If veteran, name war 0

3. (c) Social Security No. ✓

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Freda Scheer

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Aug 8 - 1883  
(Month) (Day) (Year)

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

64 7 12 hr. min.

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

10. Usual occupation Cook

11. Industry or business

12. Name Frank Scheer

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

14. Maiden name Dr. Kmpo

15. Birthplace 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Scheer

(b) Address St James mo

17. (a) Burial (b) Date thereof 3-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Ill

18. (a) Signature of funeral director Oral E. Lichelle

(b) Address St James mo

19. (a) March 20 1948 Cora E. Birmingham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps 81

(c) City or town St James mo 300  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 20 -  
1948 to March 20 - 1948

that I last saw him alive on March 20, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

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

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

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

Major findings: Hof

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

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

Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature William Brewer (M.D. or other) \_\_\_\_\_  
Address St James mo Date signed 3/20/48

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

31  
3  
0

81  
3  
0  
0

3-20-48

RECEIVED

Phelps County Health Officer,

County File Number 4-48-

Date Filed 4-2-48

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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.....

*me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Oral E. Lickhite*.....

Licensed Embalmer No. *3546*.....

P. O. Address *St. James 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.