

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

REC'D APR 23 1938

9715  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City K. C. Mo. (d) Street No. K. C. General Hospital Registered No. 1180  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Amanda Geiser 260  
 (a) Residence, No. 320 Forest Avenue K. C. Mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Geiser  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/28-1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 — 10 14  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Josh Elliott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs Etha Sweeney  
310 Forest18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE March 16, 193819. FUNERAL DIRECTOR (ADDRESS) Peter Bragatium  
Kansas City, Missouri20. FILED Mar 15, 1938 M. M. Crome  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 1938, to , 1938I last saw him alive on , 1938. Death is saidto have occurred at the place above, at A m.

The principal cause of death and related causes of importance were as follows:

Deputy Coroner  
laceration of trachea  
(self inflicted)  
bronchopneumonia  
 Other contributory causes of importance:

Date of onset

8  
16

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide suicide Date of injury 3-13-1938Where did injury occur? K. C. Mo. (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blow of the foot withNature of injury knife

24. Was disease or injury in any way related to occupation of deceased?

Also, specify.

(Signed) W. B. Butler M. D.(Address) San Heep, K. C. Mo

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**