

REC'D SEP 9 1938

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

1129765
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 698
(b) Township Weston Primary Registration District No. 4420 Registered No. _____
(c) City _____ (d) Street No. _____
(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

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
Sallie Geuther

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Geuther
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1863
7. AGE YEARS 74 MONTHS 10 DAYS 73 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as law 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) Weston Mo

13. NAME Geo Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

15. MAIDEN NAME Sarah Scumous

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Mo

17. INFORMANT Mrs Albert Light (ADDRESS) Weston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Hill DATE 7-25-38

19. FUNERAL DIRECTOR J. H. Prill (ADDRESS) Weston Mo

20. FILED 7/25/38 1938 J. H. Prill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1938
22. I HEREBY CERTIFY That I attended deceased from July 27, 1938, to July 28, 1938. I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 3:30 A. M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Cancer of other malignant tumors of digestive tract and peritoneum 1937

Other contributory causes of importance: 40

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) R. J. Deering M. D.
Weston (Address)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

53

STATEMENT BY LICENSED EMBALMER

I, J H Brill Licensed Embalmer No. 832

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J H Brill
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J H Brill
Licensed Embalmer No. 832

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

29765-
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 698
(b) Township Weston Primary Registration District No. 4420 Registered No.
(c) City Weston (d) Street No. (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 Sallie Gunther

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m.

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

malignant Carditis
Cancer of other Malignant Tumors of digestive tract
and Peritoneum H6C-1
Cancer of Colon

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) R. J. Felling M.D.

(Address) Weston, Mo.

REGISTRATION FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

S-29765