

MAY 22 1939

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

15589

Do not use this space.

1. PLACE OF DEATH *V*
- (a) County *Morgan* Registration District No. *919*
- (b) Township *Yew Creek* Primary Registration District No. *4551*
- (c) City *Stover* (d) Street No. _____ Registered No. *6*
- (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.
- (If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME *Mr. Charles Wesley Geary*
- (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Nancy Ruth Geary</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 6 1854</i>		
7. AGE YEARS <i>84</i>	MONTHS <i>7</i>	DAYS <i>17</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <i>50</i>
9. Industry or business in which work was done, as saw mill, bank, etc. <i>Merchant</i>		
10. Date deceased last worked at this occupation (month and year) <i>1928</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Chester Penn</i>		
13. NAME <i>Thomas Geary</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Chester Penn</i>		
15. MAIDEN NAME <i>Mary Wise</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Penn</i>		
17. INFORMANT (ADDRESS) <i>Wm Henry Stover, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Big Buffalo</i> DATE <i>Apr 24 1939</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Rapp & Steverson Stover, Mo</i>		
20. FILED <i>May 10 1939</i> <i>Jim L. Ripberger</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 23 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 27* to *Apr 22*, 1939

I last saw him alive on *Apr 21*, 1939. Death is said to have occurred on the date stated above, at *4 AM*.

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

General decline
Following pneumonia
(lobar)

Date of onset *10/5*

Other contributory causes of importance: *age*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? *No*
If so, specify _____
(Signed) *Chas A. Trust* M. D.
(Address) *Stover Mo*

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SERVICES

RECEIVED

District Health Officer No. 7,

District File Number 7-39-801

Date Filed 5-11-39

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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.