DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32992

Registration District No. 0536 1

Primary Registration District No. 5756

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon "Rural" Franklin
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. Rural Route #3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Gabriel Gier 6 A

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Ellen Jane Gier

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May (Month) 3 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
84	4	17	hr. min.

9. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Thomas Gier
13. Birthplace (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant's own signature Ellen J. x Gier
(b) Address Eldon, Mo. ← Her mark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 22 (Day) 1939 (Year)
(c) Place: burial or cremation Lamm, "County"

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Mo.

19. (a) 9-22-39 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1939 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-20, 1939, to 9-20, 1939, that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 2 hrs

Due to Hemorrhagic in coronary artery

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 E C Shelton (M. D. or other)
Address Eldon Mo Date signed 9-21-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
Miller County Health Dep't.
County File Number 39-110
Date Filed 10-10-39

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 Louis D. Phillips, Registered Apprentice No. ____, working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eclectic

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.