

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 17 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43475

Registration District No. 334

Primary Registration District No. 5467

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Harrison 2  
(b) City or town Jefferson Township  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME ULYSSES SIDNEY GEYER 600

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Geyer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 9 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HARRISON Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name JEREMIAH GEYER 0  
13. Birthplace MISSOURI 9  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH SALMON  
15. Birthplace DO NOT KNOW  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe E. Wheeler

(b) Address Refton, Mo.

17. (a) LOGSDON CEMETERY (b) Date thereof 12 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL LOGSDON CEMETERY

18. (a) Signature of funeral director Thorton H. Haas

(b) Address Refton, Mo. 30

19. (c) 12-30-39 (b) G. H. Wissinger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. JEFFERSON TOWNSHIP  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1939 hour about 7:15 minute \_\_\_\_\_ M.

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

Immediate cause of death Gunshot wound of the abdomen Duration \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 161

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) suicide  
(b) Date of occurrence Dec 28, 1939  
(c) Where did injury occur? Jefferson Hwy. Harrison Co.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home  
While at work? ✓ (Specify type of place) gunshot  
(e) Means of injury gunshot

23. Signature Joe E. Wheeler (Name or initials)  
Address Refton, Mo. Date signed 12/29

RECEIVED

District Health Officer No. 11,

District File Number 140-1945

Date Filed JAN 13 1940

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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.....

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

Signed..... *Thornton H. Haas*

Licensed Embalmer No..... 2861

P. O. Address..... *Rutland, Vt.*

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.