

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

14327  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 35  
(b) Township St Joseph No 3 Primary Registration District No. 001 Registered No. 415  
(c) City St Joseph Mo 3 (d) Street No. St Hospital 7 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 William Paul Geney  
(a) Residence, No. Lexington mo 01 St. Lexington Mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Henry Geney  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1865  
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
est. 75 ? ? ?  
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. House Wfr  
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) Laurdes France

FATHER 13. NAME Uigneron

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

MOTHER 15. MAIDEN NAME Louise Grandmaquin

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

17. INFORMANT (ADDRESS) St. Hospital 7 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo DATE Apr 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. B. Brown 319 So 10 St Joseph

20. FILED 4/10 1940 W. P. Ballentine Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1940  
22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1940 to Apr 9, 1940  
Last saw him alive on Apr 9, 1940 Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion  
Date of onset 1940

Other contributory causes of importance:  
Name of operation None Date of       
What test confirmed diagnosis? Chol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) Dr. P. Johnson, M. D.  
85 (Address) St. Hospital 7

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.

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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 *Wm E. Summerfield*

Licensed Embalmer No. *3007*

P. O. Address *319 S. 10 St Joseph*

**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.**