

STANDARD CERTIFICATE OF DEATH

State File No. 15471

Registration District No. 268

Primary Registration District No. 3032

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1427 S. Carr Avenue
(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 Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1427 So. Carr Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William McGeery

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 4 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 23 hr. min.

9. Birthplace Ventner Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Station Agent

11. Industry or business Railroad

MOTHER FATHER
12. Name James McGeery
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Gerusha Spencer
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth McGeery
(b) Address 1427 S. Carr, Sedalia, Missouri
17. (a) Burial (b) Date thereof 4/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Penning Cemetery
Near Stauberts Ho.
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Missouri
19. (a) 4-28-41 (b) Mrs. Harry Shred
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 5 minute 35 P. M.
21. I hereby certify that I attended the deceased from June 15th
1936 to April 27, 1941;
that I last saw him alive on April 27th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chc. Myocarditis
Due to Chc. Glomerular Nephritis 5 years
Arterio Sclerosis - Advanced 5 years
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: None
Of operations _____
Of autopsy None
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) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
While at work (Specify type of place) (e) Means of injury _____
23. Signature Dr. B. Carlisle M.D. (M. D. or other) _____
Address Sedalia, Mo Date signed 4-28-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-19-41

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 Geo. Deane
Licensed Embalmer No. 3868
P. O. Address Seabrook, N.H.

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, fact should be so stated above.