

FILED MAR 16 1942

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 890

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

1. PLACE OF DEATH:

(a) County Jackson  
Kansas City

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 11 days  
(Specify whether years, months or days)

In this community 20 years

3. (a) PRINT FULL NAME ALBERT GIESE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alice Giese

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 21 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>8</u>	<u>9</u>	hr. _____ min.

9. Birthplace Leavenworth, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

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

MOTHER FATHER { 12. Name Charles W. Giese

13. Birthplace Unknown, Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wilkie

15. Birthplace Unknown, Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mina Stigera (Sister)

(b) Address 3105 Park Ave

17. (a) Removal (b) Date thereof 3-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary (Leavenworth)

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City, Missouri

19. (a) 3/4/42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1015 Summit  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1942 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-22-42 to 3-2-42  
that I last saw him alive on 3-2-42  
and that death occurred on the date and hour stated above.

Immediate cause of death: RHEUMATIC HEART DISEASE WITH CONGESTIVE HEART FAILURE

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

Due to 95 B

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury.

23. Signature Mary R. Thron (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital K.C. Mo.  
Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

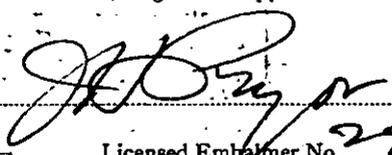
**STATEMENT BY LICENSED EMBALMER**

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. 267

working under my personal supervision.

Signed

  
..... Licensed Embalmer No. 2727

..... P. O. Address CC

**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.**