S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7030

Registration District No. 126 Primary Registration District No. 5581 Registrar's No.

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Chilhowee Township, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: not hospitalized / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: xxxx (Specify whether years, months or days)

In this community: 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson 57

(c) City or town: Holden 1 (If outside city or town limits, write "RURAL")

(d) Street No.: none 0 (If rural, give location)

(e) Citizen of foreign country? ~~xxx~~ no 0 (Yes or No)

If yes, name country: xxxx

3. (a) PRINT FULL NAME: Mary Jane Geary

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: female /

5. Color or race: white

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

6. (b) Name of husband or wife: ~~Luke Geary~~

6. (c) Age of husband or wife if alive: dec'd years

7. Birth date of deceased: September (Month) 23 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	5	5	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: as above

MOTHER FATHER

12. Name: Oliver Boles

13. Birthplace: Cooper County, Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name: Nancy Robinson

15. Birthplace: Cooper County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Harvie Geary

(b) Address: Chilhowee Twp, Holden, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: March 11 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Holden Missouri

18. (a) Signature of funeral director: Canaday and Ropp

(b) Address: Holden, Missouri.

19. (a) March 10 (Date received local registrar) (b) Mo. Frank Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1942 hour 11:40 minute A M.

21. I hereby certify that I attended the deceased from May 4, 1937, to March 8, 1942, that I last saw him alive on Mar 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration

Due to:

Due to:

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

Major findings:
Of operations: 93e'
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: Kelly Rawlins (M. D. or ~~other~~)

Address: Holden Mo Date signed: 3/10/42

862

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-19-42

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Mo.

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.