V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13328

Primary Registration District No. 1002

Registrar's No. 1844

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
5440 East 28th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5440 East 28th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 47

If yes, name country --

3. (a) PRINT FULL NAME Mr. David Amos Geelan

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 Mrs. Mary Florence Geelan

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September (Month) 5 (Day) 1866 (Year)

8. AGE: Years 75 | Months 8 | Days 5 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Patrick Henry Geelan
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Sarah Salome Custard
15. Birthplace Meadville (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Theodore R Mudd
(b) Address 7846 Penn. Ke Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 8, 1942 to May 10, 1942
that I last saw him alive on May 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage — Duration 1½ days

Due to Arterial Sclerosis

Due to 8 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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) no

(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 J Henry George (M. D. or other)

Address 2618 Cleveland KC Mo Date signed 6-11-42

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(Licensed Embalmer's Statement on Reverse Side)

2668 Cleveland

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 A. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K.C. 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.